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SICKNESS RECORDS FOR INDUSTRIAL ESTABLISHMENTS[1]

No factory management, employee's organization, or public health agency can control or prevent sickness without knowing when, where, and under what conditions sickness actually occurs.

This knowledge is essential, not simply for a single day or month or year, but *continuously*. Eternal vigilance is never more necessary than in the control and prevention of disease, and this vigilance can be maintained only by the systematic reporting of sickness. The slow influence of many conditions, harmful or helpful, can not be recognized and evaluated unless records of ill health are currently available for observation and study in connection with a knowledge of the conditions under which people work and live. So well recognized is this fundamental principle that the effectiveness of a city health department is judged in large measure by the accuracy and completeness of its morbidity reports. For without dependable and prompt records of what sickness actually occurs, a public health agency is blind.

The same principle obviously holds true for groups of persons employed in factory, mine, or store; but it has not been put into practice except in relatively few establishments. This is true in spite of the fact that never before has so much attention been given to the health of workers. Progressive industrial establishments are spending large sums of money for the improvement of working conditions and for the care of workers who become sick. Literally thousands of organizations exist among employees for the purpose of affording financial relief to those who are disabled because of disease. Public health agencies are devoting much effort toward building up a knowledge of industrial hygiene. But, without current information as to the occurrence of disease and as to the conditions under which disease occurs, much of this money and of this effort has been spent "on general principles," or has been concentrated on the elimination of a few well recognized hazards to health.

[1] From the Statistical Office, United States Public Health Service. Prepared in cooperation with the committee on industrial morbidity statistics of the Section on Vital Statistics, American Public Health Association. The members of this committee were: Dr. Louis I. Dublin, chairman; Mr. Carl B. Auel; Mr. William A. Hathaway; Dr. George E. Tucker; and Dr. B. S. Warren, secretary.

Acknowledgements are made to a number of officials of sick benefits associations, industrial physicians, and others in various industrial establishments, and to representatives of the Federal Bureaus of the Census and of Labor Statistics, for data and suggestions.

Desirable and valuable as "wholesale sanitation" of places of work and of industrial communities and as safeguards against specific hazards may be, their adequacy can not be tested until we know as much as possible of what the entire sickness situation is from week to week or from month to month. Preventive measures can not be *definite* in their application unless where, when, and how disease occurs are definitely known.

The growing realization of the importance of a current index of sickness among employees—not only as a foundation for intelligent prevention of disease but as an essential in economical plant operation—led the Public Health Service to study the question of sickness records in industrial establishments. Information from several hundred plants which had sick benefit associations among their employees was secured, the information covering the character of the records kept, the preventive measures attempted, and the sickness experience for three years. The results of this inquiry showed that while many records were available, the records differed so widely in their form and character and were so rarely prepared for use as indices of sickness prevalence and incidence that they were practically valueless, except in a few instances, for the chief purpose in view. Accordingly it was determined to work out, if possible, a practicable standard plan for reporting and recording sickness which would be elastic enough for adaptation to many systems already in use by individual plants and yet would furnish at least some of the fundamental facts necessary for a current knowledge of sickness prevalence among the wage earning population.

After considerable study, the project was presented in 1917 before the Vital Statistics Section of the American Public Health Association[1] with the result that a special committee on industrial morbidity statistics was formed to work in conjunction with the Public Health Service. This committee was organized to represent the Public Health Service, statisticians interested in industrial morbidity, employment and welfare managers, and organized labor. Its report, presented to the Vital Statistics Section of the American Public Health Association in October, 1918, was made after a number of sessions held during the year. It recommended (1) a standard plan for recording sickness among employees and (2) that the Public Health Service should be made the central agency or clearing house for the collection, analysis, and publication of industrial morbidity statistics on the grounds that such an arrangement would promote uniformity in the statistical procedure used and that no bias could be attached to the results.[2] This committee has continued its work during 1919 in

[1] Warren, B. S., and Sydenstricker, Edgar: "Morbidity Statistics for War Industries Needed." Public Health Reports, Feb. 1, 1918.

[2] Reprint No. 484 from the Public Health Reports, Aug. 30, 1918. See also Public Health Reports, Oct. 17, 1919, pp. 2289–2294.

cooperation with the Public Health Service, having also the assistance and advice of representatives of the Vital Statistics Division of the Bureau of the Census, and the Bureau of Labor Statistics.

With the assistance of this committee and of others, two suggested plans for the recording and reporting of disease prevalence among workers were formulated, and these plans are presented in the following pages in the hope that they may be utilized by individual plants and sick benefit organizations of workers.

ESSENTIALS IN SICKNESS RECORDS AND REPORTS.

Essential facts to be recorded.—Unless sickness among a group of persons is expressed in the form of a *rate*, there is afforded no basis for comparison with sickness among other groups of persons, nor can the increase or decrease of sickness among any group be measured. In order to express sickness in terms of rates per 100 or per 1,000 or more persons considered, two sets of records are necessary, namely:

(*a*) The number of persons for whom sickness records are kept, whether they are actually sick or not, during a given period.

(*b*) The number of cases of sickness occurring among these persons during the same period.

These are fundamental facts that are essential to any knowledge of sickness. In order to ascertain whether or not a *specific* group of the persons considered is affected relatively more or less, for both the persons considered and the cases of sickness there should be a record kept of

(*c*) The sex, age, and occupation (or department within the plant) of each person employed or holding membership in the sick benefit association, and of each case of sickness.

It is necessary also that the *disease causing sickness* should be recorded. Hence for every case of sickness a record is essential of

(*d*) The diagnosis of the sickness, preferably by a physician.

Obviously it is important that the *severity* of cases of sickness from various diseases among groups of persons of different sex, age, and occupation should be known. Probably the most practicable measure of the severity of illness is the duration of the period of inability to work. Therefore, if possible, for each case of sickness a record should be kept of

(*e*) The number of *days lost* from work by each worker on account of each illness.

Where sick-benefit associations keep the record of sickness, the number of sick days paid for will indicate the severity of each case.

The greater the detail in which the facts as to conditions of work and living are ascertained and recorded, the greater will be the degree of accuracy and definiteness with which the facts of sickness can be studied and analyzed. The foregoing essentials, however, are

believed to be sufficient for *current* sickness records. Where it is desirable to analyze in greater detail the conditions under which sickness from any cause or causes occur, it becomes a matter of special study.

Standardization in records and reports.—To render possible comparisons of the sickness experience of one group of workers with another, it is obvious that not only the essential facts as outlined above must be recorded, but that they should be recorded and tabulated in similar terms. It is necessary that as far as possible the same methods should be employed in stating the number of persons for whom records are kept and the number of cases of sickness, and in grouping persons and cases according to sex, age, and occupation. Of equal importance is agreement as to the terms in which the causes of sickness (diagnosis) are stated. If it be practicable gradually to standardize the methods and terms used, the value of sickness records becomes cumulative. Not only will the records for any one establishment or association be comparable for different periods, but the records of an increasing number of plants will furnish a body of material which will be of inestimable importance in the study of disabling sickness and of various diseases, especially in their relation to conditions of work.

It is believed that from such a body of material, as it accumulates, the normal expectancy of sickness and of the occurrence of various diseases among persons of different sex and age under varying conditions, the amount of preventable illness, the effect of certain hazards and of improvements in conditions may be ascertained. Undoubtedly it may be hoped that these accumulations of records and the records for groups of workers will afford a basis for the further study of the incidence of specific diseases in relation to conditions of work and living when such studies may appear to be desirable.

Manifestly if regular reports of the occurrence of disease are made to a single collecting agency, this desired standardization of records and accumulation of experience will be greatly furthered. To this end, and in accordance with the recommendations of the committee on industrial morbidity statistics, the Public Health Service hopes that those establishments and sick-benefit associations whose sickness records conform to the plan herein described will furnish monthly reports of the number of persons for whom records are made and of the cases of sickness (by disease) occurring among such persons. Accordingly, in the following plan, tentative forms have been prepared for monthly reports to the Statistical Office of the Public Health Service. It is desired to publish tables based on these reports, without mention, of course, of any individual establishment or association, as a part of the regular statistical record of disease prevalence made by the Service. In the analysis of such reports, as

well as of the detailed records of certain establishments, the Public Health Service may be in a position to cooperate in the control and prevention of diseases causing sickness among employees.

PROPOSED PLANS FOR RECORDING AND REPORTING SICKNESS AMONG INDUSTRIAL EMPLOYEES.

In order to make possible the adoption of a standard method of sickness reporting by as many establishments and sick benefit associations as possible, two plans prepared by the Public Health Service and later considered by the committee on industrial morbidity statistics, Vital Statistics Section of the American Public Health Association, are presented below. Both of these plans are based on the same principles, but they differ with respect to the amount of detail on which personnel records are kept.

In each plan it is regarded as essential that a diagnosis of each case of sickness causing disability be recorded.

Plan A.

1. *Record of personnel and sickness.*—This plan is based on the keeping of an individual personnel card for every employee to be considered, whether such employee becomes sick or not. The card also provides blank spaces for the record of illnesses to which the individual may be subjected. In some establishments and associations personnel cards of various kinds are already kept, and only certain modifications may be necessary to secure uniformity in sickness records.

The following card (4 by 6 inches) is suggested.

1. Name of Employee.	2. Check No.	3. Date This Record Begins	4. Firm No.	5. Date Employment Ended.
6. Color and Sex.	7. Year of Birth.	8. Marital Condition.	9. Speaks English?	10.

11. Departments and Occupations in Plant.

From—	To—	Months.	Department.	Occupation.	Possible Injurious Conditions.
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

12. Former Occupations Outside of Plant.

From—	To—	Months.	Occupation.	Industry.	Possible Injurious Conditions.
.....	.....	.....	.....	.....	.....

13. Remarks:

The reverse side of the card, as shown below, provides for the record of each case of disabling sickness experienced by the individual employee.

Record of Absences from Sickness and Non-Industrial Injuries.				
14. Dates of Absence.		15. Days Lost Through Illness.	16. Sickness or Non-Industrial Injury Causing Disability (Diagnosis).	17. By Whom Diagnosed.
Beginning.	End.			
18. Remarks:				

Form A-1-1919-U. S. Public Health Service.

EXPLANATION OF TERMS.

Check No.—The employee's number should be used in case numbers instead of names appear on the pay-roll records of the company.

Firm No.—Each company or sick benefit association cooperating with the United States Public Health Service will be given a number so that the identity of a particular firm may at all times be kept confidential.

Date Employment Ended.—Give date of termination of service if employee resigned or was discharged, or of death, if employee died.

Marital Condition.—State whether married, single, widowed, or divorced.

Occupation.—Occupation should be stated definitely to indicate the particular kind of work done in the department. For example: Sand blaster of metal parts, japanner, oven tender, mixer, wringer, dipper. Do not use such indefinite terms as laborer, machinist, foreman, operator.

Possible Injurious Conditions.—Record any working conditions in specific occupations which might be considered harmful, as exposure to excessive heat, cold, or humidity; poisonous dusts, fumes, vapors, gases, or liquids; the handling of materials known to retain or suspected of retaining harmful bacteria; heavy lifting, muscular strain, or long hours of labor. Possible health hazards of all kinds should be determined by the plant physician.

Former Occupations Outside of Plant.—If employee has engaged in numerous occupations prior to employment by the present company, only the two occupations which immediately preceded work in the present plant should be recorded.

Dates of absence.—The date of beginning of absence is the date on which the employee quit work, irrespective of the hour. The date absence ended is the date prior to the one on which employee returned to work, irrespective of the hour. If em-

ployee is absent on account of sickness for only a fraction of a day, do not record the illness, as only sickness incapacitating *for one day or longer* is included in the definition of a case of disabling sickness. For sick benefit associations, the date on which a member began to draw sick benefits is regarded as the date of beginning of absence, and the date on which sick benefits ceased is regarded as the date on which absence ended.

Days Lost Through Illness.—This is the period between the date of the beginning and the date of the close of the absence, excluding Sundays and holidays. For sick benefit associations, the number of working days for which sick benefits were paid should be considered as days lost through illness.

Sickness or Non-Industrial Injury Causing Disability.—Record the disease or condition causing disability as given by the attending physician. Where there is no physician, give the diagnosis as described by the employee. The International List of Causes of Death, however, should be the basis of classification, and the physician should state his diagnosis in such terms as to permit of assignment to the appropriate title of the International List.[1] Injuries should be recorded only if nonindustrial in character—that is, if they happened outside of working hours while employee was not at work. Occupational disease should be recorded.

By Whom Diagnosed.—Record whether by physician, nurse, or patient.

Remarks.—Give any additional information pertinent to the case.

The face of the card is to be filled out for each employee at the time of his employment, or at the beginning of his membership in the sick benefit association if sick benefit records are used. The reverse side is to be filled out as cases of disabling illness occur. The card is then kept in an active file, subdivided by departments, so long as the employee remains with the establishment (or is full member of the sick benefit association), and after that in an inactive file. When the employee is shifted from one department to another the card is to be revised to cover the change in the space given to occupation, the date of the change is recorded, and the card is transferred to the file of the department to which the employee goes.

2. *Reports and tabulation.*—The card shown above will serve both as a record of personnel and of sickness among the personnel. To be of current value, of course, it is necessary to put into (monthly) tabular statements the number of the personnel, the number of cases of sickness occurring among them, and the sickness rate per 1,000 persons, for any group of workers desired.

To facilitate keeping the personnel record it is suggested that "tabs" or "signals," located in certain divisions of the top of the card, be used to designate sex, color, and age group. Three such age groups will answer. Thus, a blue signal in the left third of the top of the card would indicate "white male, under 25 years," in the middle third "25 to 44 years," and in the right third "45 years and over." A red signal could be used for the white females, a yellow one for

[1] The committee on industrial morbidity statistics of the vital statistics section, American Public Health Association, has recommended that "the International List of Causes of Death shall be the basis of classification of sickness in industrial morbidity studies. This classification may be subdivided as occasion arises, either through interest in some special form of disease or out of the peculiar geographical location or occupational hazards."

It was further recommended that the full list of titles of the International List be printed on the back of all certificates which are required by establishments as proof of sickness, with instructions that the physician should state his diagnosis in such terms as to permit of assignment to the appropriate title of the International List.

colored males, and a green one for colored females. At the end of each month the clerk in charge of the file would record the number of workers in each sex, color, and age group for any occupation or department or for the plant as a whole, obtaining the data solely from the tabs. The monthly records of any year would be summed up for each color, sex, and age class to find the average number of employees in each group.

The record of sickness may be secured from the cards without difficulty if a signal distinct from the personnel signals be attached to each card as the illness occurs and removed at the end of the month during which the illness terminates.

For reports to the Public Health Service, as well as for the convenience of plant managers or officials of sick benefit associations, the count of the personnel cards grouped as indicated above could be entered in the following form:

PERSONNEL RECORD.

.....
(Name of plant or sick benefit association.)

Number of employees (or members) on the last day of ....., 19...
(Month)

Department (or occupation)	Total (both sexes.)				Males.				Females.			
	All ages.	Under 25	25 to 44.	45 and over.	All ages.	Under 25.	25 to 44.	45 and over.	All ages.	Under 25.	25 to 44.	45 and over.
.....												
.....												
.....												
.....												
.....												
.....												
.....												
.....												
.....												
Total.....												

For the purpose of accuracy, it is believed important that a report be made for each case of sickness during each month, whether such case began during the month or began prior to the month for which the report is made. The following form is suggested upon which to list separately the cases of sickness from which a count can be made for tabulation.

LIST OF CASES OF DISABLING SICKNESS.

(Name of plant or sick-benefit association.)

During the month of....., 19.....

Name of Employee.	Sex.	Age.	Occupation (or Department).	Record of Sickness.			
				Date on which sickness		No. days lost from work during month.	Diagnosis.
				Began.	Ended.*		

* If employee quit before recovery, enter date of quitting and mark "Q"; if employee's illness ended in death, enter date of death and mark "D."

These two monthly statements or reports will enable monthly tabulation of the incidence of such diseases as occurred and of the severity (in terms of days sick) of each disease or of all sickness among employees of different sex and age in various occupations or departments. The nature and form of the tables to be made from these data depend, of course, on the character and purpose of the information desired, and the following tables are merely presented as illustrations:

TABLE 1.—*Number of cases of sickness having a duration of ——— days or more, excluding industrial accidents, and rates per 1,000 exposed, by age and by sex, during the month of ——— 19—.*

Age.	Males.			Females.		
	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.
Total, all ages						
Under 25 years						
25 to 44 years						
45 years and over						

Distinction may further be made for white and colored persons where there is a sufficient number of colored employees. Where no such classification is desired in the personnel of the establishment it may be useful to distinguish between those speaking English and those not speaking English.

TABLE 2.—*Average number of days of sickness in Table 1 per employee exposed, and days per case of sickness by age and sex during the month of ....., 19.... (Color or language distinction may be made as suggested in Table 1 where the conditions warrant such classification).*

	Males.				Females.			
	Number exposed.	Days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.	Number exposed.	Days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.
Total, all ages								
Under 25 years								
25 to 44 years								
45 years and over								

TABLE 3.—*Number of cases of sickness in Table 1 classified by disease or condition, and rates per 1,000 exposed, by sex, during the month of ....., 19....*

Disease or condition.	White males.		White females.	
	Number of cases.	Cases per 1,000 exposed.	Number of cases.	Cases per 1,000 exposed.
All disease and conditions				
Typhoid fever, etc				

TABLE 4.—*Number of cases of sickness in Table 1 and days of sickness in Table 2 classified by principal occupations, and rates per 1,000 exposed in each occupation.*

Industry and specific occupation.	Number of cases of sickness.	Cases per 1,000 exposed.	Number of days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.
Automobile factories:					
Grinders					
Painters					
Varnishers					
Enamelers, etc					

TABLE 5.—*Sickness rates per 1,000 exposed in each occupation or department from specified diseases during the month of ....., 19....*

Industry and specific occupation (or department).	Cases per 1,000 exposed, of—					
	Typhoid fever.	Influenza.	Rheumatism.	Pneumonia.	Malaria.	Etc.
Automobile factories:						
Grinders						
Painters, etc						

Aside from such current presentations of sickness incidence as may be afforded from monthly reports, the cards will furnish material for more detailed tabulations of sickness incidence during extended periods. Thus at the end of six months or of a year, special tabulations may be undertaken, or it may be desired to analyze the accumulated records in considerable detail for the purpose of finding out the influence of specific conditions. The Statistical Office of the Public Health Service, in conjunction with the Office of Industrial Hygiene and Medicine of the Public Health Service, will cooperate with such plants and sick benefit associations as may desire assistance in making these statistical analyses.

Plan B.

This plan is designed for those plants and sick benefit associations which find it impracticable at the present time to keep a personnel card for each employee. Since, however, a record of personnel is necessary in order to express sickness incidence in terms of rates, a monthly statement of the number of employees or members of sick benefit associations employed in the various occupations or departments on the last day of each month could be made. The following, to be made up from the payroll or membership record for reporting this information to the Public Health Service, as well as for the use of the plant or association, is suggested:

PERSONNEL RECORD.

.....
(Name of Plant or Sick Benefit Association.)

Number of Employees (or Members) on the last day of....., 19...

Department (or occupation).	Total.	Males.	Females.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

The report of cases of sickness under Plan B would be the same as under Plan A, as it would be made up from the records of the plant physician or association physician or secretary.

Plan A Preferable.

For reasons which are obvious from the point of view of accurate knowledge to be gained of conditions affecting disease prevalence,

Plan A is far preferable to Plan B. Plan A would afford a more accurate expression of the sickness rate for any department or occupation and for the plant as a whole, and more detailed information as to age as a factor in comparisons of the sickness rates. If it is found impracticable or inadvisable in any plant, however, to inaugurate an individual record card of personnel and sickness, Plan B would be distinctly more than a makeshift; it would be a definite advance over the absence of any record or over the great majority of records now kept.

COOPERATION DESIRED.

The Public Health Service invites any industrial establishment or employees' sick benefit association to take up the question of sickness records and reports with the Statistical Office, either by personal conference or by correspondence with a view to establishing active cooperation. It doubtless will be found that the forms suggested in the foregoing paper need modification, and in most instances any standard plan must be adapted to conditions that are peculiar to any individual plant. For this reason it is believed that definite advantages will result if all plants or associations which may be interested will consult and keep in touch with the Statistical Office of the Public Health Service.

The need for accurate knowledge of disease prevalence is a vital one. No employer or group of employees can hope to improve health conditions efficiently and economically without this knowledge. The Public Health Service is greatly handicapped in its work in this branch of industrial hygiene, by the lack of this fundamental information. There can be no doubt that in some systems of current information as to the occurrence of sickness there is not merely a field but an urgent necessity for cooperative effort that will be a real basis for control and prevention of disease among industrial employees.

NOTE.—Forms for reports to the Public Health Service as outlined above or as may be adapted to records already existing in individual plants, together with explanations as to their use, will be furnished upon request. Before using or adapting such forms, it is suggested that consultation be had with the Statistical Office, United States Public Health Service, 228 First Street NW., Washington, D. C.

MALARIA IN ENGLAND IN 1917 AND 1918.

AN ANALYSIS OF REPORTS AND PAPERS ON MALARIA CONTRACTED IN ENGLAND IN 1917 AND 1918, ISSUED BY THE LOCAL GOVERNMENT BOARD.

By H. R. CARTER, Assistant Surgeon General, United States Public Health Service.

The reports and papers on malaria, issued by the Local Government Board, give the "reaction" of England to the importation of a large number of men infected with malaria in 1916, 1917, and 1918, so far as has been determined up to June, 1919—the date of the last paper. They are of interest to us in America, especially to those in regions in which malaria was, but is no longer, prevalent. The reports on the current year and the two or three following ones will be of even greater interest.

In the past, malaria was prevalent in many parts of England to such an extent as to be of "serious sanitary importance." Shakespeare is full of allusions to ague. James I and Charles II both suffered from it, and Cromwell died of a tertian fever. The Lincolnshire Fens and parts of Kent especially enjoyed (?) a bad reputation, and, I presume, there was a certain immunity among the natives, as a Fen man is exhorted not to take a wife "out-foreign," because she "was sure to die of ague"—the speaker, a Fen man (and a fictitious character) having had this ill luck three times. In some sections—as in Kent, south of the lower Thames—malaria was prevalent up to 1869–70, and maybe longer. England was generally believed to be free from it at the time of the beginning of the war.

Nuttall, Shipley, and Strangeways Pigg[1] found Anopheles of three species quite commonly distributed in the low-lying parts of England, one species of which, *A. maculipennis*—the Old World analogue of our *quadrimaculatus*—is known to be elsewhere an efficient vector of malaria. Unfortunately, attention was concentrated rather on the *fact* of *finding Anopheles* than on the *number* found, i. e., whether they were numerous enough to be "of sanitary importance." So the surprise of these gentlemen at the absence of malaria in England, in spite of its frequent introduction from abroad, is, I think, not justified by their findings as published.[2]

The unknown "third factor" (in addition to Anopheles and infected men) predicated as necessary for the conveyance of malaria, and which was absent in England, may have been in many cases a temperature for much of the time so low that the full development of the parasite in the mosquito took place either not at all or so slowly as to materially reduce the efficiency of the insect as a vector. Anopheles, of course, may be active at a temperature well below the optimum of that for the development of the parasite in them.

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[1] Journal of Hygiene, 1901 to 1903.

[2] The survey implies, however, a considerable—or even large—amount of breeding at some places.

The factors necessary for the conveyance of malaria are obviously:

(1) Men infective to Anopheles mosquitoes;

(2) Active Anopheles of sufficient numbers to serve as vectors;

(3) Temperature suitable for the full development of the parasite in the mosquito; and

(4) Men accessible to the infective mosquitoes.

In 1916, 1917, and 1918 a large number of men suffering from malaria were brought to England from the Balkans, Gallipoli, and, I presume, from Palestine and Egypt. How many one can only guess. In the report made in March, 1918, by Ross, 2,460 cases were reported in 1917 as undergoing, in the hospital, specially devised therapy to prevent relapses. The total number under treatment must have been several times more than this. Angus MacDonald, in the paper reviewed, reported 2,417 "proven carriers" (by blood examination ?) at three places only, at which malaria had been contracted in 1917. He says the "actual number was obviously much greater." A conservative estimate would be that from 10,000 to 20,000 men infected with malaria were introduced into England in 1916 and 1917, fewer in 1918—probably 15,000 to 25,000 in all. And they were pretty well scattered in England, too—in camps, villages, and small towns. Very obviously there was abundant material to infect Anopheles if other conditions were suitable, and they were so infected. During 1917 and 1918 malaria was reported to have been contracted in England as follows:

Year.	Total cases for year.	Cases in Army.	Cases in Navy.	Civilian cases.
1917	231	163	25	43
1918	95	61	9	25
Total	326	224	34	68

Twenty-nine foci of infection were established; all cases were tertian—the "benign tertian" of British writers—although from 26 per cent to 32 per cent of the infections at the places of origin were æstivo-autumnal—"malignant tertian." We may note here (1) that this form seems to be less apt to relapse and (2) that it certainly requires a higher temperature for sporogony than the simple tertian. Two hundred and seventy of the cases occurred in Kent—234 in the three districts, Sheppey (an island south of the mouth of the Thames), the Isle of Grain, and Sandwich.

At first the infection was, naturally, considered as being derived entirely from the imported infection; but a closer examination showed its existence, and in some amount, in Queensborough (in the Sheppey District) and in the Isle of Grain prior to the advent of the soldiers. [1]

[1] It existed also in the Romney Marsh area as late as 1911.

This is not asserted of Sandwich, although Sandwich is in the same general section. The later conclusion was, then, that a certain number of these cases were true indigenous infections, and that the remainder were contracted, through English Anopheles, from the soldiers who had been infected overseas.

S. P. James is very positive in claiming a marked clinical difference between the indigenous infections and the imported ones; the first being far milder and little subject to symptomatic relapse, and the second being extremely severe and having frequent relapses. No difference in the morphology of the parasites was detected. The Sandwich cases were, in general, mild—as mild as those from Queensborough. By this test a number of them would then count as indigenous infections. It seems, then, that malaria was not *entirely* absent from England at any time, but that it lingered in very mild form in a few places, and was discovered as a result of the careful investigation which was prompted by cases of malaria being contracted in England and showing among the troops and civilians in contact with the troops.

The report shows that no control measures likely to be sufficient to prevent the spread of malaria in 1917 were taken. For 1918 measures of control were much better applied. In the Sheppey district, Sandwich, and Romney Marsh, where the great bulk of the cases occurred, measures for the control of mosquito production were undertaken. Generally, however, the measures undertaken were the prompt reporting of cases and their sterilization by quinine, Col. James formulating the treatment.

To my mind the point in these papers which stands out as of prime importance is that, *with the importation of not less than 15,000 men infected with malaria during three years, the total number of cases reported as contracted in England in two years was only 326*, some of which were contracted from preexisting (indigenous) infection. Very obviously malaria shows little tendency to spread in England.

This will be better seen if we look at the statistics for 1917 by themselves, as the measures for control of that year may, I think, be almost disregarded. From 10,000 to 15,000 infected men were imported and there were only 231 cases contracted in England (43 among civilians). If these conditions of conveyance continue, the malaria introduced in 1917 will be "of no sanitary importance" within a year or two.

I think we may take it as a rule, *if the biological conditions of the insect host are such that malaria, once prevalent, spontaneously disappears, that while the introduction of carriers—no matter in what number—may cause an outbreak of malaria, this outbreak will be temporary only and malaria will decrease and spontaneously disappear if these conditions of the insect host remain the same.* [1]

[1] The same thing will hold if the malaria has been reduced in the community, *by a change of biologic conditions of its Anopheles*, to a certain *stationary* amount. It will, after the flare-up from the introduction of carriers, spontaneously return to the same degree of infection.

For malaria to disappear from inability of the insect host to continue it, the mechanism must be such that from, say, 1,000 infected men, less than that number, say 800, receive infection. From 800, then, about 640 would be infected, and from 640, about 512, and so on. Obviously, no matter what the number of infections with which we start, we would have a decreasing series which would ultimately reach a number "of no sanitary importance."

It would be inaccurate to say that the rate of decrease in England is from 15,000 to 326 per annum. On the one hand, a number of relapses will occur in 1919 and 1920 among the cases already imported, which will infect others in addition to the 326, and, on the other hand, when the soldiers are demobilized they will live less commonly in camps in the country where Anopheles most abound, and their house contact with other people will be less intimate than it is in barracks.

We are awaiting with much interest to see what the reports for, say, 1919 to 1922 will reveal. A number of men infected with malaria have been demobilized and will scatter more widely than they have done heretofore. An attempt was made to free them from infection, but this effort must have been far from 100 per cent effective. Although their house contact will be less intimate than it was in barracks, yet neither these men nor those infected from them will be under anything like the same medical supervision which they were under even in 1917. I am inclined to think the rapidity of the spontaneous decrease of malaria—I have no doubt of its decrease, but alas, I know it will not be left to itself—will depend mainly on the temperatures of the summers in England for the next few years, i. e., whether they will be warm enough to allow of (1) sufficient production of Anopheles and (2) of sufficient development of the parasite in the mosquito to continue a fair percentage of the infection.

The present condition is not without parallel. There was a large importation of infected men in 1855, 1856, and 1857 from the Crimea. Angus MacDonald, in the paper quoted, states that the summers of 1857, 1858, and 1859 were unusually hot, and that malaria occurred in epidemic form in those years. It quickly disappeared after 1860, when summer temperatures became normal.

Although awaiting with much interest further reports, I think there is no reason to doubt the spontaneous disappearance of malaria in England, or rather its reduction to a degree of "no sanitary importance." The same thing would happen, after a temporary outbreak, if a large number of carriers were introduced into many parts of the United States in which malaria formerly prevailed, but which are now free from it *because of a change in the biologic conditions of its Anopheles.*

CHILD-WELFARE ORGANIZATION.

More than ever before, by what the war has taught us, we realize the need of intensifying our efforts to promote child health and welfare. Administrative officers throughout the world will, therefore, study with interest the activities conducted by others in this work. For this reason it is considered advisable to present herewith a brief outline of an article by Dr. John Thomson on "Some Practical Points on Child-Welfare Organization." This paper was originally published in the Edinburgh Medical Journal. The points considered by Dr. Thomson are:

I. Classification of child-welfare agencies.
II. The importance of home visitation.
III. The staff required.
IV. Needed extensions of work.

I. Classification of Child-Welfare Agencies.

The organizations for dealing with the welfare of children and mothers are of many different kinds, but may be readily divided into three distinct classes, as follows:

(1) Preventive agencies: Health centers and visitation, school inspection, and holiday schemes.
(2) Dispensaries: For the out-patient treatment and visitation of sick children.
(3) Resident institutions: Hospitals (general and special), convalescent homes, and open-air schools.

The functions of these three classes are quite distinct and are defined as follows:

(1.) *Preventive agencies.*—The work that preventive agencies do is most important and it is such as can not be carried out properly either by dispensaries or hospitals. They are not intended to treat, but to prevent disease. Their duties are three in number:

(*a*) To instruct, train, and assist the mothers to keep their children healthy;
(*b*) In the case of illness to make the simple diagnosis that the child is ill and needs medical care; and
(*c*) To arrange for the child to be sent, without delay, to a place where his illness can be diagnosed and treated.

(2.) *Dispensaries.*—The functions of the dispensaries are:

(*a*) To diagnose the nature of the disease present;
(*b*) To arrange, if the case is suitable, for out-patient attendance and visitation; and
(*c*) If the case is not suitable for out-patient treatment, to send the child to an appropriate institution—children's hospital, fever hospital, cripples' home, special institution, convalescent home, etc., or to a special dispensary, such as those for the eye, ear, throat, or teeth.

(3.) *Resident institutions.*—The business of resident institutions is:

(*a*) To give in-patient treatment; and

(*b*) When this treatment is finished, to send the child back to home and school life if he is quite well, or, if not, to transfer him to a convalescent home or, in special cases, to some other suitable institution.

II. The Importance of Home Visitation.

The importance of home visitation in connection with health centers and dispensaries can not be too strongly emphasized, and the absence of such visitation interferes greatly with the efficiency of nonresident institutions for looking after children. When an inexperienced mother tries to carry out at home the advice she has been given, she frequently finds that she has either forgotten or imperfectly understood the directions she received or meets with unanticipated difficulty which she does not know how to overcome. Therefore, the advice remains unacted upon. A properly qualified visitor from the child-welfare organization, however, will not only help her to overcome these difficulties but will lend her the needed encouragement to carry out intelligently and persevere in proper treatment. Furthermore, the intelligent and tactful visitor will take advantage of the opportunity to make fertile suggestions to the mother as to the management of the child and the home, and at the same time make investigations of the home conditions to determine whether or not treatment may be carried out successfully at the home. Home visitation will also at times prevent a child from being kept too long at home when early hospital treatment is necessary for his recovery.

III. The Staff Required.

The author believes that the medical staff of maternity hospitals and dispensaries should be different from those of the children's department, and especially so in the case of dispensaries.

The staff of health centers and health visitors, if separate, should work in close collaboration with and under the direct supervision and control of a medical officer. However, if preventive agencies dealing with the babies carry on their work apart from the hospitals and dispensaries, it is doubtful if a sufficient number of experienced physicians will be available for such work. The ideal plan would be, in some cases, to have a dispensary for sick children that provided a room adjoining the health center. Under such arrangement the physicians could easily supervise both the health center and the dispensary. He would also be responsible for the teaching of medical students for the organization and superintendence of the other teaching work of the center.

Whether or not infant health visiting should be undertaken only by experienced and whole-time visitors or left in the hands of volunteer workers is a matter that must be decided by the results of the experience of those in charge of such work. The kind of visiting required in purely preventive work of health visiting does not call for any special technical experience in sick nursing. It can be done by sensible married women or others having sympathy, insight, and common sense together with a practical knowledge of modern ideas of infant feeding, hygiene, and household economy. However, it is undeniable that the larger number of visitors should have special training, and especially is this so in the case of those who must superintend the practical side of the work. Only such unpaid workers should be enrolled as will undertake to act entirely under direction. Before assigning volunteer visitors they should have a good training and be required to pass a thoroughly practical examination on the duties required of them.

One of the great difficulties inherent in any scheme of home visitation is the question of how to avoid harassing the mothers by a useless multiplication of visitors. If all the health visitors are competent and experienced women, it will obviously make it possible to entrust to them duties other than those connected with the babies, and in this way avoid the necessity of sending visitors on other errands to the home.

The visiting of sick children should of course be undertaken by those who are trained nurses.

IV. Needed Extension of Work.

(a) *Children's dispensaries.*—It would be a very great boon to the sick children of populous districts if the out-patient department of children's hospitals could be supplemented by branch dispensaries, especially in congested centers which are far from the hospital.

When a central out-patient department grows beyond a certain size, the large number of children attending, as well as the long distance they have to be brought, interferes seriously with the value of the treatment and in a number of instances more harm than good is done. It is a hardship for the mother and a danger to the sick child when the latter has to be brought long distances in all sorts of weather and kept waiting a long time before advice and medicine are obtained. Furthermore, an unmanageable number of cases, many of them very trivial, interferes with the efficiency of the work. The physician has not enough time to go fully into the important cases. The work of a dispensary physician includes not only the examination of the children and the prescribing for them, but also the instructing and impressing of the mothers in such a way as to make them able and willing to carry out the instructions given.

(b) *Convalescent accommodations.*—Children who are recovering from one of the common acute diseases are peculiarly liable to contract fresh infections, such as tuberculosis, or another acute disease, as measles after whooping cough, or vice versa. In fact, illnesses that children contract at such time are apt to be of a serious type and frequently end fatally. In arranging for the treatment of acute diseases, therefore, it is not enough to provide for hospital or home care only. It is highly important to make adequate provision that the children's convalesence may be completed under suitable fresh-air conditions. Much good has been done by a number of excellent organizations which arrange for holidays and send necessitious children, with or without their mothers, to the country for a week or so. There is need, however, for a more systematic organized provision for this sort of holiday; and it would certainly have an excellent effect in lowering the mortality of the city if there were a few easily accessible convalescent homes for little children who could not otherwise get a change of air, such homes being under close medical supervision.

(c) *Chronic hospital or "cripples' homes."*—In practically all of the larger cities far more room than is at present available is needed for the treatment of serious chronic ailments, such as tuberculosus; diseases of the spine, the hip or other joints, and the abdomen; and, to less extent, the chronic diseases of the heart, kidneys, and other organs, severe rickety deformities, and certain forms of nervous disease.

It very frequently happens at present that a child who has been found to have spine caries or hip-joint disease in an early and curable stage is kept waiting for admission until his disease is beyond cure, and he either dies or becomes a delicate hunchback or a cripple for the rest of his life.

(d) *Research hospital.*—It is greatly to be desired that a hospital should be founded for the scientific study of atrophy and other common alimentary disorders of early infancy by the best methods of modern research. This institution would be of the greatest value for the treatment of difficult cases and serve as a center for the investigation of the causes, prevention, and treatment of those disorders which are responsible for so large a proportion of infant mortality.

Such an institution should be affiliated with a children's hospital, and in close contact with infant health and visitation centers, the maternity hospital, and the municipal laboratory. It should also stand in close relation to the medical school, especially the departments which deal with bacteriology and pathological chemistry.

(e) *An improved milk supply.*—If successful means could be taken to provide clean and nontuberculous milk for children, one of the most serious etiological factors of a large infantile mortality would be thereby removed.

SCHEME OF CLASSIFICATION OF CHILD WELFARE AGENCIES IN EDINBURGH.

CLASS I. PREVENTION:
Health centers, visitation, and school inspection.

CLASS II. OUT-PATIENT TREATMENT:
Dispensaries and visitation.

CLASS III. IN-PATIENT TREATMENT:
Hospitals (general and special), convalescent homes, and open-air schools.

MOTHERS:
1. Maternity centers (at maternity hospitals, hospice, and other places).
Visitation.
2. Maternity hospital, out-patient department.
Hospice.
Dispensaries.
Visitation.
3. Maternity hospital.
Hospice.
Royal Infirmary and other hospitals.

BABIES:
1. Infant health centers.
Health visitors.
2. Children's Hospital, out-patient department.
Dispensaries.
Visitation by medical officers, Queen's nurses, and other nurses.
3. Children's Hospital (proposed Infants' Hospital).
Other hospitals.

CHILDREN UNDER 5 YEARS:
1. Day nurseries and nursery schools.
Kindergartens and play centers.
Health visitors.
2. Children's Hospital, out-patient department.
Dispensaries.
Visitation by medical officers, Queen's nurses, and other nurses.
3. Children's Hospital and other hospitals.
Cripples' homes, etc.
Convalescent homes.

SCHOOL CHILDREN:

1. Medical inspection of schools.
   Play centers.
   Country holiday schemes.
2. School clinics.
   Children's Hospital, out-patient department.
   Royal Infirmary and other out-patient departments.
   Dispensaries (general and special).
   Special schools and classes.
   Visitation.
3. Children's Hospital and other hospitals.
   Cripples' homes, etc.
   Convalescent homes.
   Open-air residential schools (Humbie).
   Asylums for blind, deaf, and imbecile children.

DIVISION OF VENEREAL DISEASES.

Reports received from State boards of health for July, August, and September, 1919.

The accompanying tables show the number of cases of venereal diseases reported by the State boards of health, for the months of July, August, and September, 1919.

Summary of cases of venereal diseases reported by the State boards of health for the months of July, August, and September, 1919.

Disease.	Total.	July.	August.	September.
Gonorrhea	40,189	13,021	13,188	13,989
Syphilis	28,285	7,915	9,758	10,612
Chancroid	2,046	650	709	687
Others	100	8	92	.....

Cases of venereal diseases reported by months by the State boards of health for July, August, and September, 1919.

State.	Total cases of venereal diseases reported for—			Gonorrhea.		
	July.	August.	September.	July.	August.	September
Alabama	1,615	1,042	2,301	619	448	1,241
Arizona	22	11	.....	20	10	.....
Arkansas	280	436	395	191	280	264
California	942	710	789	523	458	424
Colorado	366	406	450	259	295	332
Connecticut	330	258	313	133	108	110
Delaware	96	127	172	77	93	125
Florida	.....	356	305	.....	167	131
Georgia	1,517	898	1,323	1,019	400	582
Illinois	1,435	1,692	1,895	954	1,075	1,083
Indiana	516	752	766	292	339	381
Iowa	269	232	398	183	181	286
Kansas	397	323	310	250	214	214
Louisiana	1,243	1,318	1,027	747	734	594
Maine	225	208	237	131	155	157
Maryland	354	.....	.....	222	.....	.....
Massachusetts	1,393	1,008	1,131	1,033	733	795

Cases of venereal diseases reported by months by the State boards of health for July, August, and September, 1919—Continued.

State.	Total cases of venereal diseases reported for—			Gonorrhea.		
	July.	August.	September.	July.	August.	September.
Michigan	856	989	793	520	560	478
Minnesota	857	652	603	477	353	387
Mississippi	245	265	.....	191	201	.....
Montana	88	94	275	56	64	215
Nebraska	517	518	506	370	374	366
New Hampshire	110	158	154	80	120	108
New Jersey	640	719	.....	332	384	.....
New York	779	2,884	3,452	205	486	838
North Carolina	737	862	1,005	444	564	681
North Dakota	138	170	133	103	145	106
Ohio	1,346	1,287	1,378	677	731	761
Oklahoma	923	919	608	593	559	350
Oregon	174	88	23	124	53	17
Rhode Island	144	131	135	60	53	79
South Carolina	847	933	1,099	371	449	533
South Dakota	83	67	68	76	55	51
Tennessee	.....	.....	317	.....	.....	211
Texas	506	1,453	1,239	366	962	835
Utah	303	248	371	211	156	220
Vermont	93	121	171	74	77	110
Virginia	164	181	.....	97	125	.....
Washington	242	288	312	210	243	238
West Virginia	561	441	534	484	382	421
Wisconsin	277	286	.....	247	241	.....
Wyoming	.....	210	300	.....	163	233
Total	21,594	23,747	25,288	13,021	13,188	13,989

State.	Syphilis.			Chancroid.			Other.		
	July.	August.	September.	July.	August.	September.	July.	August.	September.
Alabama	926	548	1,025	70	48	35	.....	.....	.....
Arizona	2	1	.....	.....	.....	.....	.....	.....	.....
Arkansas	71	140	106	18	16	25	.....	.....	.....
California	419	258	365	.....	.....	.....	.....	.....	.....
Colorado	99	107	110	8	4	8	.....	.....	.....
Connecticut	197	150	201	.....	.....	2	.....	.....	.....
Delaware	9	25	37	4	9	10	.....	.....	.....
Florida	.....	180	165	.....	9	6	.....	.....	.....
Georgia	498	498	707	.....	.....	34	.....	.....	.....
Illinois	438	563	775	43	54	37	.....	.....	.....
Indiana	214	408	367	10	5	18	.....	.....	.....
Iowa	77	44	100	1	7	12	.....	.....	.....
Kansas	144	105	93	3	4	3	.....	.....	.....
Louisiana	370	438	332	126	146	101	.....	.....	.....
Maine	91	53	70	3	.....	10	.....	.....	.....
Maryland	84	.....	.....	43	.....	.....	5	.....	.....
Massachusetts	330	275	336	.....	.....	.....	.....	.....	.....
Michigan	320	423	303	10	6	12	.....	.....	.....
Minnesota	367	284	198	13	15	18	.....	.....	.....
Mississippi	46	53	.....	8	11	.....	.....	.....	.....
Montana	30	29	59	2	1	1	.....	.....	.....
Nebraska	119	113	123	28	31	17	.....	.....	.....
New Hampshire	28	33	44	2	2	2	.....	.....	.....
New Jersey	295	306	.....	13	29	.....	.....	.....	.....
New York	566	2,383	2,614	8	15	.....	.....	.....	.....
North Carolina	243	244	258	50	54	66	.....	.....	.....
North Dakota	33	23	23	2	2	4	.....	.....	.....
Ohio	624	432	573	45	34	44	.....	90	.....
Oklahoma	311	345	249	19	15	.....	.....	.....	.....
Oregon	49	34	6	1	1	.....	.....	.....	.....
Rhode Island	83	75	55	1	3	1	.....	.....	.....
South Carolina	434	440	483	42	44	63	.....	.....	.....
South Dakota	5	8	14	2	4	3	.....	.....	.....
Tennessee	.....	.....	80	.....	.....	26	.....	.....	.....
Texas	102	385	301	38	106	103	.....	.....	.....
Utah	86	87	147	3	3	4	3	2	.....
Vermont	19	44	61	.....	.....	.....	.....	.....	.....
Virginia	60	54	.....	7	2	.....	.....	.....	.....
Washington	30	45	72	2	.....	2	.....	.....	.....
West Virginia	61	44	97	16	15	16	.....	.....	.....
Wisconsin	29	37	.....	1	8	.....	.....	.....	.....
Wyoming	.....	41	63	.....	6	4	.....	.....	.....
Total	7,915	9,758	10,612	650	709	687	8	92	.....

ORDINANCE REGULATING FOOD AND SOFT DRINK ESTABLISHMENTS UPHELD.

An ordinance of the city of Portland, Oreg., regulating food and soft drink establishments has been declared valid by the Supreme Court of Oregon.[1]

The ordinance provides for the licensing of food and soft drink establishments if the location and sanitary conditions and arrangements are satisfactory. Employees in such establishments are required to obtain health certificates which are good for three months. The medical examinations of employees are made by the bureau of health, and a nominal fee of 25 cents is charged for each examination.

The defendant, who was engaged in conducting a grocery store, refused to obtain a license. He was convicted in the lower courts and the supreme court affirmed the conviction. In the opinion it was said:

> He [the defendant] contends that the "ordinance makes no provision or regulation by which the bureau of health is to be guided in determining in what particular the applicant for license shall be 'physically fit,' nor what requirements must be met to constitute a grocery store 'a suitable place'"; * * *
>
> If the premises comply with the ordinance of the city and the rules and regulations of the government with reference to plumbing, water supply, ventilation, and cleanliness, the permit must be granted, and the health officer has no right to refuse it. The ordinance of the city of Portland and the rules and regulations of the government in such matters are both definite and certain, and the only question which the board of public health has any authority to consider is whether or not the premises or place of business come within such terms and provisions. * * *
>
> It is not within the authority, or even the discretion, of the bureau of health to grant arbitrarily a permit to one person who has complied with the ordinance, rules, and regulations, and deny it to another who has complied with them. In the instant case, as to his place of business, there is no claim or pretense on the part of the city that the defendant has not complied with the city ordinance, rules, and regulations. The offense consists in his failure and neglect to pay the required license fee, which he admits he had not paid. * * *
>
> The purpose and intent of both the city of Portland and the Government was to control and to prevent the spread of contagious and infectious disease. * * *
>
> Under its charter the city of Portland had a legal right to adopt the ordinance here involved. It is not for this court to say whether or not the measure should have been enacted; that is a legislative and not a judicial question. The charter also makes it the duty of the bureau of health to enforce such an ordinance, and vests it with such power to make the necessary rules and regulations for its enforcement.
>
> There is no evidence that the requirements of the bureau of health are arbitrary or unreasonable, or that there was any discrimination in their enforcement. * * *

[1] City of Portland v. Traynor, 183 Pac., 933.

DEATHS DURING WEEK ENDED NOV. 1, 1919.

From the "Weekly Health Index," Nov. 5, 1919, issued by the Bureau of the Census, Department of Commerce.

Deaths from all causes in certain large cities of the United States during the week ended Nov. 1, 1919, infant mortality (per cent), annual death rates, and comparison with corresponding week of preceding years.

City.	Population July 1, 1918, estimated.	Week ended Nov. 1, 1919.		Average annual death rate per 1,000.[2]	Per cent of deaths under 1 year.	
		Total deaths.	Death rate.[1]		Week ended Nov. 1, 1919.	Previous year or years.[2]
Albany, N. Y.	112,565	28	13.0	C 16.9	3.6	C 5.6
Atlanta, Ga.	201,732	51	13.2	C 23.4	3.9	C 6.8
Baltimore, Md.	[3] 669,981	195	15.2	A 15.7	11.3	A 17.0
Boston, Mass.	785,245	184	12.2	A 15.0	18.5	A 17.8
Buffalo, N. Y.	474,229	110	12.1	A 12.3	20.9	A 19.2
Cambridge, Mass.	111,472	20	9.4	A 13.2	10.0	A 13.0
Chicago, Ill.	2,596,681	533	10.7	A 12.3	18.2	A 15.9
Cincinnati, Ohio.	418,022	89	11.1	C 15.0	7.9	C 12.6
Cleveland, Ohio.	810,306	144	9.3	C 10.9	22.9	C 23.3
Columbus, Ohio.	225,296	48	11.1	C 13.7	10.4	C 17.2
Dayton, Ohio.	130,655	34	13.6	A 12.7	14.7	A 17.0
Denver, Colo.	.....	77	.....	A 12.4	6.5	.....
Fall River, Mass.	128,392	27	11.0	C 16.0	37.0	C 25.6
Grand Rapids, Mich.	135,450	35	13.5	C 11.4	17.1	C 10.3
Indianapolis, Ind.	290,389	71	12.7	C 17.7	11.3	C 8.3
Jersey City, N. J.	318,770	77	12.6	C 12.2	15.6	C 20.5
Kansas City, Mo.	313,785	94	15.6	C 15.5	19.1	C 7.7
Los Angeles, Calif.	568,495	132	12.1	A 11.0	11.4	A 10.5
Louisville, Ky.	242,707	61	13.1	C 8.2	9.8	C 13.2
Lowell, Mass.	109,081	26	12.4	A 17.2	34.6	A 19.7
Memphis, Tenn.	154,759	53	17.9	C 16.8	15.1	C 16.3
Milwaukee, Wis.	457,481	72	8.3	A 10.5	16.7	A 19.1
Minneapolis, Minn.	381,442	69	9.4	C 9.6	7.2	C 13.0
Nashville, Tenn.	119,215	30	13.1	C 18.5	13.3	C 9.5
Newark, N. J.	428,684	82	10.0	A 12.8	19.5	.....
New Haven, Conn.	154,865	45	15.2	C 11.6	13.3	C 11.8
New Orleans, La.	382,273	105	14.3	A 21.2	9.5	A 10.7
New York, N. Y.	5,215,879	1,043	10.4	A 12.5	15.7	A 16.0
Oakland, Calif.	214,206	52	12.7	A 10.0	9.6	A 15.3
Omaha, Nebr.	180,264	40	11.6	C 8.4	20.0	C 18.5
Philadelphia, Pa.	1,761,371	442	13.1	[4] 14.2	15.2	[4] 14.9
Pittsburgh, Pa.	593,303	152	13.4	C 18.2	21.1	C 20.0
Portland, Oreg.	.....	63	.....	C 7.3	7.9	C .6
Providence, R. I.	263,613	71	14.0	C 9.1	12.7	C 8.9
Richmond, Va.	160,719	50	16.2	C 16.8	20.0	C 21.6
Rochester, N. Y.	264,856	51	10.0	C 15.3	11.8	C 13.2
St. Louis, Mo.	779,951	152	10.2	C 13.4	7.9	C 10.1
St. Paul, Minn.	257,699	56	11.3	C 8.1	8.9	C 17.9
San Francisco, Calif.	478,530	110	12.0	C 19.7	6.4	C 9.0
Seattle, Wash.	.....	52	.....	A 7.3	7.7	A 12.1
Spokane, Wash.	.....	20	.....	C 8.6	5.0	C 11.5
Syracuse, N. Y.	161,404	50	16.2	C 11.8	16.0	C 22.2
Toledo, Ohio.	262,234	55	10.9	A 13.4	14.5	A 16.4
Washington, D. C.	401,681	94	12.2	A 16.1	16.0	A 13.8
Worcester, Mass.	173,650	23	6.9	C 15.9	4.3	C 25.0

[1] Annual rates per 1,000 estimated population.
[2] "A" indicates data for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates data for the corresponding week of the year 1917.
[3] Population estimated as of July 1, 1919.
[4] Data are based on statistics of 1915, 1916, and 1917.

Summary of information received by telegraph from industrial insurance companies for week ended Nov. 1, 1919.

Policies in force	41,280,040
Number of death claims	7,058
Death claims per 1,000 policies in force, annual rate	8.9

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Nov. 8, 1919.

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

ALABAMA.

	Cases.
Diptheria	65
Influenza	4
Malaria	33
Scarlet fever	25
Smallpox	2
Tuberculosis (pulmonary)	22
Typhoid fever	3
Venereal diseases	150
Whooping cough	6

ALASKA.

Smallpox:	
Ketchikan	1
Petersburg (to Nov. 10)	6

ARKANSAS.

Cerebrospinal meningitis	1
Chancroid	5
Chicken pox	21
Diphtheria	58
Gonorrhea	50
Influenza	24
Malaria	148
Measles	2
Ophthalmia neonatorum	1
Pellagra	4
Scarlet fever	50
Smallpox	3
Syphilis	26
Trachoma	2
Tuberculosis	14
Typhoid fever	23
Whooping cough	29

CALIFORNIA.

Influenza	31
Poliomyelitis:	
Los Angeles	1
Smallpox:	
Chino	3
Eureka	5
Humboldt County	3
Whittier	4
Scattering	6

CALIFORNIA—continued.

Typhoid fever:	Cases.
Alameda	2
Fresno County	1
Kern County	2
Los Angeles	5
Monterey County	1
Oakland	2
Sacramento	2
San Francisco	2
Stockton	2

CONNECTICUT.

Cerebrospinal meningitis:	
Hartford County—	
South Manchester	1
Chicken pox	47
Diphtheria:	
Fairfield County—	
Bridgeport	7
Stamford	5
Stratford	4
Scattering	8
Hartford County—	
Bristol	11
Hartford	12
New Britain	8
Scattering	5
New Haven County—	
Derby	3
New Haven	6
Wallingford	4
Waterbury	11
Scattering	3
New London County—	
Groton	3
Stonington	8
Scattering	6
Tolland County—	
Rockville	1
Windham County—	
Scattering	3
Erysipelas	1

CONNECTICUT—continued.

	Cases.
Gonorrhea	18
Influenza:	
Fairfield County—	
Greenwich	1
Hartford County—	
New Britain	3
New Haven County—	
Meriden	1
Measles:	
Fairfield County—	
Stamford	9
Trumbull	1
Hartford County—	
New Britain	1
Litchfield County—	
Harwinton	1
New Haven County—	
Hamden	5
Milford	7
New Haven	21
Seymour	9
Scattering	2
Windham County—	
Plainfield	1
Mumps	16
Pneumonia	4
Poliomyelitis:	
New Haven County—	
New Haven	1
Scarlet fever:	
Fairfield County—	
Danbury	4
Greenwich	5
Scattering	5
Hartford County—	
Bristol	5
Canton	4
Hartford	7
Scattering	8
Litchfield County—	
Plymouth	2
Middlesex County—	
Middletown	1
New Haven County—	
Meriden	6
New Haven	9
Waterbury	4
New London County—	
Scattering	3
Tolland County—	
Rockville	12
Syphilis	52
Tuberculosis	39
Typhoid fever:	
Fairfield County—	
Norwalk	2
Hartford County—	
Scattering	6
New Haven County—	
New Haven	2
New London County—	
New London	1
Windham County—	
Plainfield	1
Whooping cough	35

DELAWARE.

	Cases.
Diphtheria:	
Bridgeville	3
Clayton	2
Milford	3
Newark	1
Wilmington	3
Malaria:	
Dover	1
Measles:	
Bear	3
Mumps	1
Ophthalmia neonatorum:	
Framington	1
Scarlet fever:	
Bridgeville	1
Dover	1
Frederica	1
Georgetown	1
Townsend	1
Wilmington	4
Smallpox:	
Millsboro	6
Tuberculosis:	
Georgetown	1
Seaford	1
Wilmington	2
Typhoid fever:	
Marydel	3
Middleton	2
Seaford	1
Sussex County	2
Wilmington	4
Whooping cough	1

FLORIDA.

Diphtheria	35
Dysentery	8
Influenza	31
Malaria	197
Pneumonia	6
Typhoid fever	10

GEORGIA.

Actinomycosis	2
Cerebrospinal meningitis	1
Chicken pox	7
Conjunctivitis (acute infectious)	7
Diphtheria	100
Dysentery (amebic)	3
Dysentery (bacillary)	3
Gonorrhea	138
Hookworm	15
Influenza	37
Malaria	118
Measles	17
Measles (German)	2
Mumps	4
Pneumonia (acute lobar)	10
Scarlet fever	25
Septic sore throat	19
Smallpox	16
Syphilis	157
Tetanus	1
Tuberculosis (pulmonary)	17
Tuberculosis (other forms)	2
Typhoid fever	32
Whooping cough	11

ILLINOIS.

	Cases.
Cerebrospinal meningitis:	
Alton	1
Chicago	1
Germantown	1
Chancroid	18
Diphtheria:	
Alvin	3
Beardstown	3
Chicago	239
Decatur	6
Grayville	3
Harvard	4
Oak Park	6
Peoria	15
Quincy	3
Rockford	3
Tamms	6
West Frankfort	3
Scattering	103
Gonorrhea	345
Influenza:	
Chicago	47
Scattering	9
Poliomyelitis:	
Charleston	1
Chicago	1
Pembroke	1
Tiskilwa	1
Scarlet fever:	
Blue Island	3
Brown County—	
Buckhart Township	3
Chicago	189
Jackson County—	
Levan Township	4
Laura	4
Peoria County—	
Millbrook Township	4
Scattering	83
Smallpox:	
Brown County—	
Coopertown Township	3
Chicago	1
Chrisman	12
Edgar County—	
Brouilletts Creek Township	27
Edgar County—	
Prairie Township	8
Roodhouse	5
Scotland	8
Scattering	24
Syphilis	210
Typhoid fever:	
Chicago	11
Jacksonville	4
East St. Louis	3
Will County—	
Joliet Township	5
Scattering	23

INDIANA.

Chancroid	5
Diphtheria:	
Johnson County	3
Lake County	5
La Porte County	3

INDIANA—continued.

	Cases.
Diphtheria—Continued.	
Madison County	3
St. Joseph County	5
Tippecanoe County	4
Vanderburg County	7
Warrick County	3
Wayne County	4
Scattering	21
Influenza:	
Clay County	3
Crawford County	1
Elkhart County	4
Green County	2
Madison County	4
Marshall County	1
Martin County	5
Newton County	3
Steuben County	3
Vanderburg County	1
Whitley County	2
Gonorrhea	97
Poliomyelitis:	
Henry County	1
Owen County	1
Scarlet fever:	
Cass County	11
Clinton County	5
Decatur County	9
Fountain County	3
Johnson County	3
Madison County	5
Morgan County	3
Noble County	4
Ripley County	10
Vanderburg County	5
Vigo County	3
Scattering	17
Smallpox:	
Bartholomew County	6
Cass County	3
Fountain County	4
Grant County	10
Tippecanoe County	11
Vermilion County	19
Scattering	11
Syphilis	92
Typhoid fever:	
Allen County	4
Delaware County	3
Madison County	3
Perry County	3
Scattering	18

IOWA.

Chancroid	2
Chicken pox	1
Diphtheria:	
Albia	2
Armstrong	2
Carroll County	1
Cedar Rapids	8
Clinton	2
Davenport	3
Des Moines	6
Dubuque	4
Fort Dodge	7

IOWA—continued.

Diphtheria—Continued.	Cases.
Grinnell	6
Mills County	1
Ogden	6
Ottumwa	1
Polk County	3
Red Oak	2
Gonorrhea	70
Influenza:	
Iowa Falls	2
Riceville	2
Story City	1
Measles:	
Mason City	1
Shelby County	2
Mumps	5
Scarlet fever:	
Adair County	1
Audubon County	1
Boone	4
Cedar Falls	1
Clearfield	1
Davenport	1
Des Moines	19
Fredericksburg	1
Fort Dodge	1
Henry County	1
Kellerton	1
Lucas County	6
Maxwell	1
Ottosen	1
Ottumwa	2
Palo Alto County	2
Plover	1
Poweshiek County	1
Wayne County	7
Smallpox:	
Audubon County	3
Blackhawk County	1
Carroll County	2
Cedar Falls	2
Clinton	1
Davenport	18
Davis County	1
Dubuque	1
Fort Dodge	1
Hardin County	1
Harrison County	1
Lost Nation	2
Shelby County	1
Steamboat Rock	2
Syphilis	21

KANSAS.

Cerebrospinal meningitis:	
Elkhart	1
Manhattan	1
Diphtheria	104
Influenza	10
Scarlet fever	77
Smallpox	15

LOUISIANA.

Chancroid	15
Diphtheria	20
Gonorrhea	86

LOUISIANA—continued.

	Cases.
Influenza	12
Plague (bubonic)	1
Scarlet fever	5
Smallpox	2
Syphilis	57
Typhoid fever	13

MAINE.

Chancroid	1
Chicken pox	2
Diphtheria:	
Fort Fairfield	1
Norridgewock	1
Portland	3
Saint Francis	2
Gonorrhea	30
Measles (German):	
Dexter	4
Mumps	7
Pneumonia:	
Sanford	1
Scarlet fever:	
Augusta	3
Bangor	2
Bath	1
Benton	1
Friendship	6
Livermore	1
Mechanic Falls	1
Portland	1
Randolph	2
Waldoboro	1
Smallpox:	
Ashburn	1
Augusta	4
Lewis	1
Monticello	2
Syphilis	22
Tuberculosis	12
Typhoid fever:	
Augusta	1
Bath	7
Jonesboro	1
Machias	1
Portland	8
Waterville	4
Whooping cough	13

MASSACHUSETTS.

Cerebrospinal meningitis	3
Chicken pox	163
Conjunctivitis (suppurative)	8
Diphtheria	229
Dysentery	2
Gonorrhea	203
Influenza	20
Malaria	1
Measles (German)	7
Measles	200
Mumps	113
Ophthalmia neonatorum	18
Pneumonia (lobar)	55
Scarlet fever	256
Septic sore throat	4
Smallpox:	
Gardner	1

MASSACHUSETTS—continued.

	Cases.
Syphilis	80
Trachoma	1
Tuberculosis (pulmonary)	124
Tuberculosis (other forms)	11
Typhoid fever	27
Whooping cough	165

MINNESOTA.

Chancroid	3
Gonorrhea	185
Poliomyelitis	1
Smallpox (new foci):	
Becker County—	
Atlanta Township	1
Cottonwood County—	
Windom	1
Douglass County—	
Alexandria	5
Lake Mary Township	1
Faribault County—	
Joe Daviess Township	1
Isanti County—	
Cambridge	3
Otter Tail County—	
Oak Valley Township	1
Pope County—	
Farwell Township	1
Syphilis	115

MONTANA.

Diphtheria	4
Influenza	2
Scarlet fever	21
Smallpox	21
Typhoid fever	2

NEW JERSEY.

Influenza	26
Pneumonia	72
Smallpox:	
Hudson County—	
North Bergen Township	1

NEW YORK (EXCLUSIVE OF NEW YORK CITY).

Cerebrospinal meningitis:	
Buffalo	1
Diphtheria:	
Erie County	137
Scattering	285
Gonorrhea	56
Influenza	35
Measles	105
Pneumonia	89
Poliomyelitis:	
Buffalo	1
Croghan	1
Hornell	1
Malone	3
Norfolk	1
Saratoga Springs	1
Scarlet fever	223
Smallpox:	
Buffalo	1
Rochester	1
Syphilis	201
Typhoid fever	42
Whooping cough	272

NORTH CAROLINA.

	Cases.
Cerebrospinal meningitis	1
Chancroid	11
Chicken pox	37
Diphtheria	210
Dysentery (bacillary)	1
Gonorrhea	113
Measles	15
Measles (German)	7
Paratyphoid fever	2
Pneumonia (broncho)	6
Pneumonia (lobar)	2
Scarlet fever	67
Septic sore throat	19
Smallpox	40
Syphilis	31
Typhoid fever	40
Whooping cough	236

OHIO.

Diphtheria:	
Cincinnati	37
Columbus	35
Crestline	11
Portsmouth	15
Steubenville	10
Wellston	13
Youngstown	13
Scarlet fever:	
Cincinnati	31
Columbus	44
Portsmouth	9
Smallpox:	
Mansfield	7
West Liberty	6
Typhoid fever:	
Lima	8

VERMONT.

Whooping cough, prevalent.
Mumps, prevalent.

WEST VIRGINIA.

Diphtheria:	
Bluefield	2
Charleston	4
Clarksburg	5
Fairmont	4
Hinton	2
Huntington	9
Keiser	3
Martinsburg	7
Montgomery	3
Morgantown	1
Moundsville	2
Parkersburg	3
Parsons	2
Sutton	1
Weston	4
Wheeling	3
Williamson	2
Scarlet fever:	
Charleston	3
Clarksburg	7
Fairmont	2
Grafton	3
Huntington	4

WEST VIRGINIA—continued.

	Cases.
Scarlet fever—Continued.	
Logan	1
Morgantown	2
Parsons	2
Salem	10
Smallpox:	
Huntington	4
Martinsburg	1
Montgomery	2
Parkersburg	1
Piedmont	3
Typhoid fever:	
Beckley	1
Bluefield	1
Charleston	2
Martinsburg	1
Ripley	3
Sisterville	1
Sutton	1
Williamson	1

WASHINGTON.

Chicken pox	53
Diphtheria	30
Influenza	8
Measles (German)	2
Measles	18
Mumps	21
Pneumonia	4
Scarlet fever	48
Smallpox	121
Tuberculosis	7
Typhoid fever	12
Whooping cough	39

WASHINGTON—continued.

WISCONSIN.

Milwaukee:	
Chicken pox	32
Diphtheria	40
Erysipelas	3
Measles	18
Scarlet fever	24
Smallpox	13
Tuberculosis	8
Typhoid fever	1
Whooping cough	5
Scattering:	
Cerebrospinal meningitis	1
Chancroid	2
Chicken pox	37
Diphtheria	24
Gonorrhea	62
Influenza	1
Measles	98
Ophthalmia neonatorum	1
Scarlet fever	67
Smallpox	1
Syphilis	8
Tuberculosis	2
Typhoid fever	5
Whooping cough	44

Kentucky Report for Week Ended Nov. 1, 1919.

	Cases.
Cerebrospinal meningitis:	
Christian County	1
Chicken pox	44
Diphtheria:	
Bath County	4
Bourbon County	4
Boyd County	10
Caldwell County	1
Campbell County	2
Cumberland County	1
Daviess County	2
Fleming County	3
Franklin County	5
Fulton County	1
Graves County	2
Grayson County	1
Greenup County	4
Harrison County	1
Hopkins County	2
Jackson County	1
Jefferson County—	
Louisville	51
Kenton County	9
Lawrence County	1
Lewis County	1
Logan County	4
McCracken County	4
Mason County	1
Montgomery County	1
Muhlenberg County	1
Nelson County	6
Ohio County	1
Owen County	1
Pike County	2
Russell County	2
Shelby County	1
Whitley County	1
Dysentery:	
Bath County	1
Mercer County	4
Pike County	6
Shelby County	1
Eczema:	
Henry County	1
German measles:	
Franklin County	2
Gonorrhea	12
Influenza:	
Bath County	7
Breckenridge County	1
Christian County	3
Hopkins County	3
Greenup County	5
Jefferson County—	
Louisville	1
Kenton County	4
Lawrence County	2
McCracken County	2
Mason County	1
Monroe County	1
Montgomery County	3
Nelson County	2
Ohio County	1

Kentucky Report for Week Ended Nov. 1, 1919—Continued.

Influenza—Continued.	Cases.
Owen County	2
Pike County	4
Shelby County	1
Whitley County	12
Measles:	
Bath County	1
Bourbon County	1
Fulton County	1
Graves County	7
Kenton County	1
Meningitis, tubercular:	
Kenton County	1
Mumps	1
Paratyphoid fever:	
Union County	1
Pellagra:	
Harrison County	1
McCracken County	1
Metcalfe County	1
Pneumonia:	
Christian County	1
Fleming County	1
Jackson County	1
Jefferson County—	
Louisville	2
Knox County	3
McCracken County	1
Pike County	1
Ophthalmia, purulent:	
Boyd County	1
Scarlet fever:	
Bath County	1
Breckinridge County	1
Crittenden County	4
Elliott County	1
Franklin County	1
Fulton County	1
Graves County	2
Greenup County	1
Henderson County	1
Henry County	1
Hopkins County	1
Jefferson County—	
Louisville	12
Kenton County	6
Larue County	1
Lewis County	2
McCracken County	1
Mason County	1
Mercer County	1
Monroe County	2
Muhlenberg County	2
Ohio County	1
Oldham County	1
Owen County	3
Union County	3
Warren County	1

Septic sore throat:	Cases.
Breckinridge County	1
Fleming County	6
Logan County	1
Union County	1
Smallpox:	
Knox County	2
Whitley County	3
Syphilis	7
Tonsilitis:	
Breckinridge County	3
Caldwell County	1
Christian County	2
Trachoma:	
Daviess County	1
Franklin County	4
Jefferson County—	
Louisville	3
Tuberculosis:	
Boyd County	1
Campbell County	1
Daviess County	1
Elliott County	1
Fleming County	2
Fulton County	4
Graves County	1
Jefferson County—	
Louisville	6
Kenton County	2
Logan County	1
Mercer County	5
Monroe County	3
Typhoid fever:	
Bath County	1
Campbell County	2
Christian County	5
Cumberland County	2
Elliott County	2
Franklin County	1
Fulton County	2
Graves County	1
Greenup County	4
Henry County	1
Jefferson County—	
Louisville	2
Knox County	3
Lewis County	1
Logan County	1
Lyon County	1
McCracken County	2
Mercer County	2
Metcalfe County	1
Monroe County	4
Owen County	1
Pike County	4
Union County	1
Warren County	7
Whooping cough	34

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

Tables showing by counties the reported cases of cerebrospinal meningitis, malaria, pellagra, poliomyelitis, smallpox, and typhoid fever are published under the names of these diseases. (See names of these and other diseases in the table of contents.)

The following monthly State reports include only those which were received during the current week. These reports appear each week as received.

State.	Cerebrospinal meningitis.	Diphtheria.	Malaria.	Measles.	Pellagra.	Poliomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
September, 1919.									
Alabama	4	270	902	13	46	6	69	17	150
Hawaii	.....	10	.....	5	.....	.....	2	.....	26
South Dakota	2	13	.....	6	.....	6	59	25	20
Virginia	14	448	723	65	19	21	239	124	311

RECIPROCAL NOTIFICATION.

Massachusetts.

Cases of communicable diseases referred during September, 1919, to other State health departments by department of health of the State of Massachusetts.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Anterior poliomyelitis:		
Boston	State board of health, Concord, N. H.	Patient was brought to Boston, Mass., from Portsmouth, N. H., for treatment on Sept. 21.
Do	State board of health, Montpelier, Vt.	Patient was brought to Boston, Mass., from Brattleboro, Vt., for treatment.
Typhoid fever:		
Lowell	State board of health Charleston, S. C.	Patient became sick in Lowell, Mass., 16 days after leaving Charleston, S. C.
Medford	State board of health, Concord, N. H.	Onset of case day after arriving in Medford, Mass., from Golfston, N. H.
Brookline	State department of health, Augusta, Me.	Arrived at Brookline, Mass., from Long Pond, Me., ill.
Lowell	Provincial health officer, Halifax, Nova Scotia.	Onset of case at Lowell, Mass., within 14 days after leaving Halifax, Nova Scotia.
Westfield	State department of health, Hartford, Conn.	Patient became sick in Westfield, Mass., within 14 days after leaving Essex, Conn.
Boston	State board of health, Concord, N. H.	Onset of disease in Boston the day after leaving Manchester, N. H.
Do	State board of health Jefferson City, Mo.	Patient visited St. Louis, Mo., on September 6 during acute stage of disease. Entered hospital in Boston, Mass., on Sept. 8.
Do	State department of health, Hartford, Conn.	Patient left Douglas, Conn., Aug. 10. Onset of case Aug. 20 at Boston, Mass.
Fall River	State board of health, Providence, R. I.	Patient visited Tiverton, R. I., for one week during incubation period, and became sick in Fall River, Mass.
Northampton	State department of health, Trenton, N. J.	Onset of disease occurred 4 days after arriving in Northampton, Mass., from Newark, N. J.

ANTHRAX.

Camden, N. J., and Portland, Oreg.

During the week ended October 25, 1919, one case of anthrax was reported at Camden, N. J., and one case and one death were reported at Portland, Oreg.

CEREBROSPINAL MENINGITIS.

State Reports for September, 1919.

Place.	New cases reported.
Alabama:	
Houston County	2
Lawrence County	1
Montgomery County	1
Total	4
South Dakota:	
Jerauld County	1
Minnehaha County	1
Total	2
Virginia:	
Augusta County—	
Staunton	3
Virginia—Continued	
Botetourt County	3
Buchanan County	1
Henrico County—	
Richmond	1
Montgomery County—	
Elliston	1
Norfolk County—	
Norfolk	1
Nottoway County	1
Prince William County	1
Roanoke County	1
Washington County	1
Total	14

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio	1		Newark, N. J.	1	2
Attleboro, Mass.		1	New York, N. Y.	1	3
Baltimore, Md.	1	1	Omaha, Nebr.	1	1
Boston, Mass.	2	1	Perth Amboy, N. J.	1	1
Chattanooga, Tenn.		1	Philadelphia, Pa.	1	1
Chicago, Ill.	2	1	Richmond, Va.		1
Denver, Colo.	1		St. Louis, Mo.	1	
Detroit, Mich.	1		San Francisco, Calif.	2	2
East Chicago, Ind.		1	Schenectady, N. Y.		1
Green Bay, Wis.		1	Syracuse, N. Y.	1	1
Hudson, N. Y.		1	Trenton, N. J.	1	1
Los Angeles, Calif.	1		Wheeling, W. Va.		1
Louisville, Ky.	1				

DIPHTHERIA.

See Telegraphic weekly reports from States, p. 2618; Monthly summaries by States, p. 2625; and Weekly reports from cities, p. 2634.

INFLUENZA.

Cases reported by State Health Officers, Week Ended Nov. 8, 1919.

	Cases.		Cases.
Alabama	4	Iowa	5
Arkansas	24	Louisiana	12
California	31	Massachusetts	20
Connecticut	5	Montana	2
Florida	31	New Jersey	26
Georgia	37	New York	35
Illinois	56	Washington	8
Indiana	29	Wisconsin	1

LEPROSY.

Hawaii Report for September, 1919.

During the month of September, 1919, two cases of leprosy were reported in the Territory of Hawaii: One case in Lahaina district, island of Maui, and one case in North Kona district, island of Hawaii.

MALARIA.

Alabama and Virginia—September, 1919.

Place.	New cases reported.
Alabama:	
Autauga County	15
Baldwin County	1
Calhoun County	4
Choctaw County	3
Clarke County	1
Coffee County	1
Etowah County	2
Fayette County	1
Greene County	600
Hale County	4
Henry County	12
Houston County	113
Jefferson County	6
Lauderdale County	9
Lawrence County	3
Lowndes County	2
Marshall County	3
Mobile County	1
Montgomery County	7
Pickens County	23
Pike County	1
Russell County	1
Talladega County	8
Tuscaloosa County	79
Walker County	2
Total	902
Virginia:	
Accomac County	50
Exmore	2
New Church	2
Parksley	7
Alleghany County—	
Clifton Forge	2
Amherst County	2
Bedford County—	
Bedford	5
Botetourt County	1
Brunswick County	18
Buchanan County	1
Buckingham County	1
Campbell County	1
Caroline County	9
Charles City County	9
Charlotte County—	
Keysville	1
Chesterfield County	3
Cumberland County	2
Dinwiddie County	2
Elizabeth City County—	
Hampton	5
Essex County	6
Fairfax County	1
Gloucester County	4
Greensville County	28
Emporia	16
Halifax County	19
South Boston	12
Hanover County	29
Henrico County	5
Richmond	2

Place.	New cases reported.
Virginia—Continued.	
Henry County	1
Martinsville	2
Isle of Wight County	13
James City County	21
King and Queen County	16
King George County	15
King William County	10
West Point	15
Lancaster County	17
Lee County	1
Lunenburg County	2
Kenbridge	1
Meherin	1
Mathews County	2
Mecklenburg County	12
Chase City	2
Middlesex County	11
Urbanna	1
Nansemond County	3
Suffolk	11
New Kent County	10
Norfolk County—	
Norfolk	2
Northampton County	24
Cape Charles	5
Northumberland County	8
Nottoway County	1
Page County	1
Pittsylvania County	11
Chatham	4
Powhatan County	8
Prince Edward County—	
Farmville	1
Prince George County	10
Hopewell	4
Princess Anne County	32
Prince William County—	
Manassas	3
Richmond County	10
Rockbridge County	1
Southampton County	42
Franklin	22
Drewryville	1
Spotsylvania County	2
Stafford County	8
Falmouth	3
Surry County	20
Surry	5
Claremont	1
Sussex County	23
Jarratt	3
Stony Creek	1
Warwick County	35
Washington County	1
Westmoreland County	8
Wythe County	2
York County	9
Total	723

MALARIA—Continued.

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga	2		Memphis, Tenn	2	
Baltimore, Md	1		Nashville, Tenn	1	
Beaumont, Tex	1		Newark, N. J	1	
Bristol, Conn	1		New Orleans, La	4	3
Charleston, S. C		2	Oklahoma City, Okla		1
Chicago, Ill	1	1	Pine Bluff, Ark	10	
Columbus, Ga	2	1	San Francisco, Calif		1
Dallas, Tex	18		Savannah, Ga	6	1
Joplin, Mo	1		Spartanburg, S. C	1	
Kansas City, Kans	1		Springfield, Ohio	1	
Little Rock, Ark	1		Stockton, Calif	1	
Long Beach, Calif	1		Tuscaloosa, Ala	2	

MEASLES.

See Telegraphic weekly reports from States, p. 2618; Monthly summaries by States, p. 2625; and Weekly reports from cities, p. 2634.

PELLAGRA.

Alabama and Virginia—September, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Bullock County	1	Dinwiddie County—	
Butler County	1	Petersburg	1
Calhoun County	6	Giles County	1
Chilton County	1	Hanover County	4
Coffee County	1	Henrico County	1
Conecuh County	1	Henry County—	
Crenshaw County	1	Martinsville	1
Jefferson County	5	James City County	1
Lowndes County	1	Loudoun County	1
Mobile County	7	Mecklenburg County	1
Montgomery County	2	Montgomery County	1
St. Clair County	1	Norfolk County—	
Talladega County	6	Portsmouth	1
Tallapoosa County	1	Pittsylvania County	2
Tuscaloosa County	10	Wise County—	
Washington County	1	Toms Creek	1
Total	46	Scott County	1
Virginia:		Wythe County	1
Albemarle County—		Total	19
Scottsville	1		

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga		1	Dallas, Tex	1	
Austin, Tex		1	Fort Worth, Tex		1
Birmingham, Ala		3	Mobile, Ala	1	
Boston, Mass	1		Nashville, Tenn	1	

PNEUMONIA.

City Reports for Week Ended Oct. 25, 1919.

Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Alliance, Ohio		1		
Alton, Ill.				1
Ansonia, Conn		1		
Attleboro, Mass		1		
Baltimore, Md	6	3		
Belleville, N. J	1			
Binghamton, N. Y	2			
Birmingham, Ala				5
Boston, Mass	27	11		
Bridgeport, Conn		1		
Buffalo, N. Y	8	8		
Burlington, Vt		2		
Cairo, Ill.				1
Cambridge, Mass	6	4		
Chicago, Ill.			90	19
Cincinnati, Ohio		1		
Cleveland, Ohio			5	9
Cohoes, N. Y	4	1		
Columbus, Ohio		1		
Dallas, Tex			5	1
Danville, Ill		1		
Denver, Colo		3		5
Detroit, Mich	9	6	15	15
Duluth, Minn	2	1		
East Chicago, Ind				1
East Orange, N. J			1	
Elizabeth, N. J				2
Fall River, Mass	1			
Flint, Mich.		1		
Fort Scott, Kans	1			
Framingham, Mass		1		
Galesburg, Ill.		1		
Great Falls, Mont		1		
Greeley, Colo		1		
Hartford, Conn		1		
Highland Park, Mich	3			
Hoboken, N. J			1	1
Ironwood, Mich	1			
Jersey City, N. J			5	
Kansas City, Kans	1			
Kansas City, Mo.			4	17
Lackawanna, N. Y	4			
Lawrence, Mass	2			
Lima, Ohio				1
Little Rock, Ark	1			
Los Angeles, Calif			16	3
Louisville, Ky			2	1
Lowell, Mass	1			
Lynn, Mass		1		
Madison, Wis		1		
Medford, Mass	1			
Memphis, Tenn		1		
Milwaukee, Wis		1		
Minneapolis, Minn				3
Montclair, N. J			2	
Morristown, N. J			1	
Newark, N. J	7	2		
New Britain, Conn		1		
Newburgh, N. Y	1			
Newburyport, Mass			1	
New Haven, Conn				3
New Orleans, La		1		
New York, N. Y			47	82
Norfolk, Va	1			
Oakland, Calif		2		
Oak Park, Ill.		3		
Oklahoma City, Okla			2	3
Olean, N. Y		1		
Omaha, Nebr		1		3
Orange, N. J	1			
Passaic, N. J			1	1
Paterson, N. J			3	
Peoria, Ill		1		
Petersburg, Va		1		
Philadelphia, Pa	42	13		
Portland, Oreg		1		2
Providence, R. I		1		
Quincy, Mass	1			
Racine, Wis		1		
Reno, Nev		1		
Richmond, Va		3		
Rochester, N. Y	3	1		
Rome, N. Y	1			
Rutland, Vt		1		
Sacramento, Calif			1	
Saginaw, Mich				1
St. Paul, Minn		4		
Salt Lake City, Utah		1		
San Bernardino, Calif		1		
San Diego, Calif		1		2
Sanford, Me		1		
San Francisco, Calif	16	3		
Somerville, Mass	4	2		
South Bend, Ind				2
Springfield, Mass	7	2		
Springfield, Ohio		1		
Syracuse, N. Y				3
Taunton, Mass		2		
Toledo, Ohio		1		
Trenton, N. J	1			
Washington, D. C				6
Wausau, Wis				1
West Hoboken, N. J		2		
White Plains, N. Y	1			
Wilmington, Del		1		
Winston-Salem, N. C	1	1		
Worcester, Mass	2	2		
Atlanta, Ga				1
Atlantic City, N. J	1			
Yonkers, N. Y		4		

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for September, 1919.

Place.	New cases reported.
Alabama:	
Jefferson County	6
South Dakota:	
Davison County	1
Marshall County	1
Minnehaha County	1
Turner County	3
Total	6
Virginia:	
Albemarle County	1
Scottsville	1
Amelia County	1
Buchanan County	1
Virginia—Continued.	
Hanover County	1
Henrico County—	
Richmond	6
Highland County—	
Crabbottom	1
Norfolk County	1
Pittsylvania County—	
Callands	1
Roanoke County—	
Roanoke	1
Washington County	5
Wise County—	
Big Stone Gap	1
Total	21

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.
Baltimore, Md.	2	.....
Boston, Mass.	1	.....
Butler, Pa.	2	.....
Chicago, Ill.	1	.....
Dallas, Tex.	1	.....
Denver, Colo.	1	.....
Everett, Mass.	1	.....
Flint, Mich.	1	.....
Indianapolis, Ind.	1	.....
Lincoln, Nebr.	1	.....
Lynn, Mass.	1	.....
Milwaukee, Wis.	.....	1
Oak Park, Ill.	1	.....
Philadelphia, Pa.	1	1
Richmond, Va.	1	.....
St. Louis, Mo.	2	1
Uniontown, Pa.	1	.....

RABIES IN ANIMALS.

Joplin, Mo., and Petersburg, Va.

During the week ended October 25, 1919, one case of rabies in animals was reported at Joplin, Mo., and one case was reported at Petersburg, Va.

SCARLET FEVER.

See Telegraphic weekly reports from States, p. 2618; Monthly summaries by States, p. 2625; and Weekly reports from cities, p. 2634.

SMALLPOX.

State Reports for September, 1919.

Place.	Cases.	Deaths.
Alabama:		
Jefferson County	1	.....
Marshall County	3	.....
Mobile County	2	.....
Pickens County	5	.....
Sumter County	1	.....
Talladega County	4	.....
Wilcox County	1	.....
Total	17	.....
South Dakota:		
Beadle County	1	.....
Fall River County	5	.....
Hanson County	2	.....
Hutchinson County	1	.....
Jerauld County	1	.....
Minnehaha County	1	.....
Sully County	14	.....
Yankton County	1	.....
Total	26	.....

SMALLPOX—Continued.

State Reports for September, 1919—Continued.

Place.	Cases.	Deaths.
Virginia:		
Albemarle County—		
Scottsville	4	
Alleghany County	3	
Covington	21	
Bath County	2	
Buchanan County	2	
Campbell County	1	
Floyd County	12	
Franklin County	6	
Greenville County	1	
Hanover County	1	
Henrico County	3	
Lee County—		
Leone Mines	1	
Mecklenburg County	2	
Montgomery County	20	
Christiansburg	9	
Ironto	2	
Nansemond County	5	
Norfolk County—		
Norfolk	5	
Pittsylvania County—		
Danville	6	
Sandy Level	1	
Rockingham County	3	
Scott County—		
Nickelsville	2	
Spotsylvania County	6	
Fredericksburg	1	
Stafford County	3	
Warren County—		
Front Royal	2	
Total	124	

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.
Atlanta, Ga	1	
Bellingham, Wash	5	
Boise, Idaho	3	
Cincinnati, Ohio	3	
Cleveland, Ohio	2	
Dallas, Tex	4	
Davenport, Iowa	4	
Denver, Colo	30	
Detroit, Mich	3	
Duluth, Minn	1	
Findlay, Ohio	1	
Fond du Lac, Wis	4	
Fort Worth, Tex	1	
Galesburg, Ill	1	
Great Falls, Mont	1	
Green Bay, Wis	3	
Hoquiam, Wash	2	
Indianapolis, Ind	3	
Kokomo, Ind	7	
Lawrence, Mass	1	
Los Angeles, Calif	3	
Marshalltown, Iowa	4	
Milwaukee, Wis	9	
Minneapolis, Minn	1	
New York, N. Y	1	
Norfolk, Va	1	
Ogden, Utah	2	
Omaha, Nebr	2	
Portland, Oreg	11	
St. Joseph, Mo	7	
Salt Lake City, Utah	1	
Seattle, Wash	23	
Spokane, Wash	9	
Steubenville, Ohio	1	
Stockton, Calif	1	
Superior, Wis	1	
Tacoma, Wash	5	
Walla Walla, Wash	6	
Wausau, Wis	6	
Youngstown, Ohio	2	

TETANUS.

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.
Birmingham, Ala		1
Los Angeles, Calif	1	
Marion, Ind	1	
New York, N. Y		1
St. Louis, Mo	1	1
Savannah, Ga		1
Schenectady, N. Y	1	
Tuscaloosa, Ala	1	

TUBERCULOSIS.

See Telegraphic weekly reports from States, p. 2618; and Weekly reports from cities, p. 2634.

TYPHOID FEVER.

State Reports for September, 1919.

Place.	New cases reported.
Alabama:	
Bibb County	1
Bullock County	1
Butler County	2
Calhoun County	5
Chambers County	1
Cherokee County	1
Chilton County	2
Choctaw County	1
Clarke County	1
Conecuh County	1
Etowah County	2
Fayette County	5
Henry County	5
Houston County	6
Jackson County	1
Jefferson County	43
Lamar County	1
Lauderdale County	2
Lawrence County	3
Lee County	1
Limestone County	1
Lowndes County	4
Marion County	1
Marshall County	3
Mobile County	12
Montgomery County	3
Pickens County	2
Randolph County	2
Shelby County	1
St. Clair County	1
Talladega County	12
Tallapoosa County	1
Tuscaloosa County	14
Walker County	6
Washington County	2
Total	150
Hawaii:	
Hawaii Island—	
North Kohala district	3
North Kona district	4
Puna district	1
West Kau district	3
Oahu Island—	
Honolulu	14
Koolaupoko district	1
Total	26
South Dakota:	
Aurora County	1
Beadle County	1
Bon Homme County	1
Brown County	2
Charles Mix County	2
Haakon County	1
Hanson County	2
Hutchinson County	1
Jerauld County	1
Jones County	1
Lake County	1
Lawrence County	1
Mellette County	1
Minehaha County	3
Stanley County	1
Total	20
Virginia:	
Accomac County	6
Accomac	1
Chincoteague	1
Onancock	1
Albemarle County	4
Alleghany County	2
Clifton Forge	8
Amherst County	1

Place.	New cases reported.
Virginia—Continued.	
Augusta County	6
Waynesboro	1
Botetourt County	1
Troutville	2
Brunswick County	2
Buchanan County	3
Hurley	4
Campbell County	1
Lynchburg	3
Caroline County	4
Bowling Green	2
Carroll County	1
Charles City County	6
Clarke County	2
Craig County—	
New Castle	2
Culpeper County	2
Dinwiddie County	6
Petersburg	4
Fauquier County	1
Crest Hill	2
Fluvanna County	1
Franklin County	1
Frederick County	1
Winchester	1
Giles County	3
Gloucester County	3
Greene County	2
Greensville County	1
Halifax County	5
South Boston	5
Hanover County	10
Henrico County	4
Richmond	7
Henry County	1
Ridgeway	1
Martinsville	1
King and Queen County	2
King George County	1
King William County	1
Lancaster County	2
Lee County	8
Loudoun County	2
Louisa County	1
Madison County	2
Mathews County	3
Mecklenburg County—	
Chase City	2
Montgomery County	7
Cambria	1
Ironto	1
Radford	1
Nansemond County	2
Suffolk	1
Nelson County	1
New Kent County	2
Norfolk County	1
Norfolk	17
South Norfolk	5
Northampton County	1
Cape Charles	1
Northumberland County	2
Nottoway County	1
Pittsylvania County	1
Danville	2
Java	1
Sandy Level	1
Powhatan County	1
Prince Edward County	1
Pulaski County	2
Pulaski	2
Rappahannock County	1
Roanoke County	2
Salem	1
Roanoke	11
Rockbridge County	2
Buena Vista	2
Rockingham County	11

TYPHOID FEVER—Continued.

State Reports for September, 1919—Continued.

Place.	New cases reported.
Virginia—Continued.	
Russell County	6
Scott County	2
Shenandoah County	8
Toms Brook	1
Smyth County	4
Marion	1
Southampton County	15
Spotsylvania County	3
Fredericksburg	2
Stafford County	1
Surry County	2
Sussex County	2
Tazewell County	11
Graham	2
Pocohontas	1
Warwick County	1
Washington County	2
Meadow View	1
Wise County	1
Bondtown	1
Olinger	6
Wythe County	3
Total	311

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.
Akron, Ohio	5	
Allentown, Pa	1	
Ann Arbor, Mich	1	
Arlington, Mass	1	
Asbury Park, N. J	1	
Atlanta, Ga	6	2
Attleboro, Mass	1	
Baltimore, Md	11	
Beaver Falls, Pa	1	
Benton Harbor, Mich	1	
Birmingham, Ala	1	1
Bluefield, W. Va	1	
Boston, Mass	1	1
Bridgeport, Conn		1
Buffalo, N. Y		1
Butler, Pa	2	
Cadillac, Mich	1	
Camden, N. J	4	
Canton, Ohio	1	
Charleston, S. C	1	
Chicago, Ill	8	2
Cincinnati, Ohio	3	1
Cleveland, Ohio	3	
Clinton, Mass	1	
Coatesville, Pa	1	
Coffeyville, Kans	3	
Colorado Springs, Colo	2	
Columbia, S. C	2	
Columbus, Ohio	1	
Covington, Ky	1	
Cumberland, Md	1	
Dallas, Tex	7	
Danville, Va	1	
Decatur, Ill	1	
Denver, Colo	2	
Detroit, Mich	9	2
Dover, N. H		1
East St. Louis, Ill		1
El Paso, Tex	2	
Evanston, Ill	2	
Flint, Mich	3	2
Gloucester, N. J	1	
Great Falls, Mont	1	1
Harrisburg, Pa	1	
Hartford, Conn		1
Highland Park, Mich	1	
Homestead, Pa	1	
Independence, Mo	1	
Indianapolis, Ind	4	
Jersey City, N. J	3	
Joplin, Mo	1	
Kankakee, Ill	1	
Kansas City, Kans	1	
Kansas City, Mo	2	2
Kenosha, Wis	2	
Lancaster, Ohio	1	
Leominster, Mass		1
Lima, Ohio	3	
Lincoln, Nebr	1	1
Lincoln, R. I	1	
Little Rock, Ark	2	
Logansport, Ind		1
Long Beach, Calif	2	
Long Branch, N. J	1	
Los Angeles, Calif	3	2
Louisville, Ky	5	1
Lynchburg, Va		1
Manchester, Conn	1	
Marlboro, Mass	1	
Memphis, Tenn	3	
Middletown, Ohio	1	
Milwaukee, Wis	1	
Mobile, Ala	2	
Monessen, Pa	1	
Nashville, Tenn	4	
Newark, N. J	3	
New Bedford, Mass	1	
New Britain, Conn	1	1
Newburgh, N. Y		1
New Haven, Conn	7	
New London, Conn	2	
Newton, Mass	4	
New York, N. Y	33	3
Norfolk, Va	6	
Norristown, Pa	1	
North Adams, Mass	1	
North Attleboro, Mass	1	
North Tonawanda, N. Y	1	
Norwood, Ohio	1	
Oak Park, Ill	1	
Oklahoma City, Okla	3	
Omaha, Nebr	3	1
Paterson, N. J	1	
Petersburg, Va	1	
Philadelphia, Pa	7	3
Pittsburgh, Pa	3	
Pontiac, Mich	4	
Portland, Me	4	
Portland, Oreg		1
Pottsville, Pa	1	
Providence, R. I	2	1
Reading, Pa	3	
Redlands, Calif	1	
Richmond, Va	1	
Rochester, N. Y	1	
Rome, Ga	1	
Rome, N. Y	1	
Sacramento, Calif	3	
St. Joseph, Mo	1	
St. Louis, Mo	6	1

TYPHOID FEVER—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
St. Paul, Minn.	2		Warren, Pa.	1	
Salt Lake City, Utah	2		Washington, D. C.	4	
San Francisco, Calif.	3		White Plains, N. Y.	1	
Savannah, Ga.	2		Wichita, Kans.	2	
Schenectady, N. Y.	1		Williamsport, Pa.	1	
Springfield, Mo.		1	Wilmington, Del.		1
Syracuse, N. Y.	1		Winston-Salem, N. C.	5	1
Toledo, Ohio.	1		Yonkers, N. Y.	2	
Tuscaloosa, Ala.	1		York, Pa.	2	
Walla Walla, Wash.	4				

TYPHUS FEVER.

New York, N. Y., and Winston-Salem, N. C.

During the week ended October 25, 1919, one case of typhus fever was reported at New York, N. Y., and one death was reported at Winston-Salem, N. C.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City Reports for Week Ended Oct. 25, 1919.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Aberdeen, S. Dak.	15,926				1				1	
Adams, Mass.	14,406	2	1							
Akron, Ohio.	93,604	23	6				5		3	
Alameda, Calif.	28,433	3							2	
Albany, N. Y.	106,632		4				6		1	
Alexandria, La.	16,232	4								2
Allentown, Pa.	65,109		2		3		2		1	
Alliance, Ohio.	19,581	5			1					
Alton, Ill.	23,783	8	1							
Altoona, Pa.	59,712		19		100					
Anderson, Ind.	24,230	5								1
Ann Arbor, Mich.	15,041	8								
Anniston, Ala.	14,326		1							
Ansonia, Conn.	16,954	5					2		1	
Appleton, Wis.	18,005	3								
Arlington, Mass.	13,073	7					1		1	
Asbury Park, N. J.	14,629	1					3			
Ashtabula, Ohio.	22,008	3			2					2
Atchison, Kans.	16,785		2						1	
Atlanta, Ga.	196,144	47	16	1	4		6		1	2
Atlantic City, N. J.	59,515	11			1		2		2	
Attleboro, Mass.	19,776	5	1		3		1			
Auburn, N. Y.	37,823	10							2	1
Austin, Tex.	35,612	2	8							
Bakersfield, Calif.	17,543	6	1							
Baltimore, Md.	594,637	179	55	3	17		36		20	20
Baton Rouge, La.	17,544	3								
Battle Creek, Mich.	30,159	1	10	1			16			
Bayonne, N. J.	72,204		7				1		6	
Beaumont, Tex.	28,851	10							1	2
Beaver Falls, Pa.	13,749		1				1			
Bedford, Ind.	10,613	1	1				1			
Belleville, N. J.	12,797								2	
Bellingham, Wash.	34,362		1				1			
Beloit, Wis.	18,547	5	1							
Benton Harbor, Mich.	11,099	1							1	
Berkeley, Calif.	60,427	2	1				1		1	
Berlin, N. H.	13,892	2	3				1		2	

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Bethlehem, Pa.	14,353	.....	1	.....	3	.....	.....	.....	2	.....
Beverly, Mass.	22,128	2	1	.....	1	.....	5	.....	.....	.....
Biddeford, Me.	17,760	2	.....	.....	.....	.....	.....	.....	.....	.....
Binghamton, N. Y.	54,864	13	3	1	.....	.....	1	.....	.....	.....
Birmingham, Ala.	189,716	40	3	1	.....	.....	4	.....	2	2
Bloomfield, N. J.	19,013	.....	.....	.....	.....	.....	5	.....	.....	.....
Bluefield, W. Va.	16,123	.....	3	.....	.....	.....	1	.....	.....	.....
Boise, Idaho.	35,951	10	1	.....	.....	.....	3	.....	.....	.....
Boston, Mass.	767,813	175	63	3	67	.....	32	.....	64	14
Braddock, Pa.	22,060	.....	3	.....	1	.....	1	.....	.....	.....
Brazil, Ind.	10,472	1	.....	.....	.....	.....	.....	.....	.....	.....
Bridgeport, Conn.	124,724	31	28	1	3	.....	1	.....	1	4
Bristol, Conn.	16,318	3	2	.....	.....	.....	1	.....	1	.....
Brockton, Mass.	69,152	10	1	.....	17	.....	1	.....	2	.....
Brookline, Mass.	33,526	12	1	.....	1	.....	.....	.....	.....	.....
Brunswick, Ga.	10,984	5	.....	.....	.....	.....	.....	.....	.....	.....
Buffalo, N. Y.	475,781	112	123	15	5	.....	15	.....	30	7
Burlington, Iowa.	25,144	5	.....	.....	.....	.....	.....	.....	.....	.....
Burlington, Vt.	21,802	4	.....	.....	.....	.....	.....	.....	.....	.....
Butler, Pa.	28,677	.....	7	.....	.....	.....	4	.....	.....	.....
Butte, Mont.	44,057	.....	1	.....	.....	.....	.....	.....	.....	.....
Cadillac, Mich.	10,158	5	3	.....	.....	.....	.....	.....	1	.....
Cairo, Ill.	15,995	9	1	.....	.....	.....	1	.....	.....	1
Cambridge, Mass.	114,293	34	7	.....	2	.....	7	.....	8	1
Camden, N. J.	108,117	.....	18	.....	8	.....	2	.....	12	.....
Canton, Ill.	13,674	5	.....	.....	.....	.....	.....	.....	.....	.....
Canton, Ohio.	62,566	18	8	2	.....	.....	3	.....	1	.....
Cape Girardeau, Mo.	11,146	.....	3	.....	.....	.....	5	.....	.....	.....
Carbondale, Pa.	19,597	.....	2	.....	.....	.....	.....	.....	.....	.....
Carlisle, Pa.	10,795	.....	1	.....	.....	.....	.....	.....	.....	.....
Carnegie, Pa.	11,963	.....	.....	.....	.....	.....	7	.....	.....	.....
Cedar Rapids, Iowa.	38,033	.....	11	.....	.....	.....	.....	.....	.....	.....
Chanute, Kans.	12,968	2	.....	.....	1	.....	.....	.....	.....	.....
Charleston, S. C.	61,041	12	.....	.....	.....	.....	.....	.....	2	1
Charleston, W. Va.	31,060	6	7	.....	.....	.....	2	1	.....	.....
Charlotte, N. C.	40,759	8	7	1	.....	.....	1	.....	2	.....
Chattanooga, Tenn.	61,575	14	2	.....	.....	.....	1	.....	1	1
Chelsea, Mass.	48,405	10	4	.....	.....	.....	3	.....	1	1
Cheyenne, Wyo.	[1] 11,320	.....	.....	.....	.....	.....	1	.....	.....	.....
Chicago, Ill.	2,547,201	535	197	16	49	.....	168	2	330	39
Chicopee, Mass.	26,950	4	.....	.....	.....	.....	.....	1	.....	.....
Chillicothe, Ohio.	15,625	1	1	.....	.....	.....	.....	.....	.....	.....
Cincinnati, Ohio.	414,248	102	26	5	6	.....	22	.....	23	9
Cleveland, Ohio.	692,259	135	74	4	10	.....	26	.....	39	9
Clinton, Iowa.	27,678	0	.....	.....	.....	.....	1	.....	.....	.....
Coatesville, Pa.	14,998	.....	.....	.....	.....	.....	1	.....	.....	.....
Coffeyville, Kans.	18,331	.....	6	.....	.....	.....	.....	.....	.....	.....
Cohoes, N. Y.	25,292	7	1	.....	.....	.....	4	.....	.....	1
Colorado Springs, Colo.	38,965	12	.....	.....	.....	.....	.....	.....	8	3
Columbia, Pa.	[1] 11,454	.....	2	.....	.....	.....	.....	.....	.....	.....
Columbia, S. C.	35,165	.....	3	.....	.....	.....	.....	.....	3	.....
Columbus, Ga.	26,306	18	1	1	1	.....	4	.....	1	1
Columbus, Ohio.	220,135	61	13	.....	2	.....	11	.....	5	8
Concord, N. H.	22,858	5	4	.....	.....	.....	.....	.....	.....	.....
Connelsville, Pa.	15,876	.....	.....	.....	.....	.....	1	.....	.....	.....
Council Bluffs, Iowa.	31,838	8	1	.....	1	.....	4	.....	.....	.....
Covington, Ky.	59,623	12	6	.....	2	.....	2	.....	.....	2
Cranston, R. I.	26,773	3	1	.....	.....	.....	.....	.....	.....	.....
Cumberland, Md.	26,686	6	2	.....	1	.....	5	.....	2	1
Dallas, Tex.	129,738	33	42	.....	2	.....	9	.....	9	3
Danbury, Conn.	22,931	.....	2	.....	.....	.....	1	.....	1	.....
Danvers, Mass.	10,037	0	.....	.....	15	.....	.....	.....	.....	.....
Danville, Ill.	32,909	3	.....	.....	.....	.....	.....	.....	.....	2
Danville, Va.	20,183	.....	9	.....	.....	.....	.....	.....	.....	.....
Davenport, Iowa.	49,618	.....	3	.....	.....	.....	1	.....	.....	.....
Dayton, Ohio.	128,939	30	1	.....	.....	.....	.....	.....	1	.....
Decatur, Ill.	41,483	3	1	.....	.....	.....	.....	.....	.....	.....
Dedham, Mass.	10,618	2	2	.....	.....	.....	1	.....	.....	.....
Denver, Colo.	268,439	77	15	.....	1	.....	8	.....	.....	10
Des Moines, Iowa.	104,052	.....	5	.....	1	.....	21	.....	.....	.....

[1] Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Detroit, Mich	619,648	177	98	8	30	.....	80	1	.....	16
Dover, N. H	13,276	4	1	.....	.....	.....	.....	.....	.....	1
Dubuque, Iowa	40,096	.....	1	.....	.....	.....	2	.....	.....	.....
Duluth, Minn	97,077	14	41	.....	.....	.....	2	.....	4	2
Dunmore, Pa	21,286	.....	3	.....	.....	.....	2	.....	.....	.....
East Chicago, Ind	30,286	11	.....	.....	.....	.....	.....	.....	.....	1
East Cleveland, Ohio	13,864	.....	6	.....	.....	.....	.....	.....	.....	.....
Easthampton, Mass	10,656	.....	.....	.....	.....	.....	7	.....	.....	.....
Easton, Pa	30,854	.....	1	.....	.....	.....	.....	.....	.....	.....
East Orange, N. J	43,761	6	.....	.....	.....	.....	.....	.....	3	1
East St. Louis, Ill	77,312	13	2	.....	2	.....	2	.....	.....	.....
Eau Claire, Wis	18,887	.....	.....	.....	.....	.....	1	.....	.....	.....
Elgin, Ill	28,562	8	.....	.....	.....	.....	.....	.....	1	1
Elizabeth, N. J	88,830	.....	3	.....	8	.....	5	.....	2	4
Elmira, N. Y	38,272	10	1	.....	.....	.....	.....	.....	1	.....
El Paso, Tex	69,149	37	1	1	.....	.....	.....	.....	.....	12
Englewood, N. J	12,603	3	.....	.....	.....	.....	3	.....	.....	.....
Erie, Pa	76,592	.....	21	.....	.....	.....	8	.....	6	.....
Eureka, Calif	15,142	1	.....	.....	.....	.....	.....	.....	.....	1
Evanston, Ill	29,304	4	.....	.....	.....	.....	.....	.....	1	.....
Everett, Mass	40,160	9	36	3	.....	.....	.....	.....	1	1
Everett, Wash	37,205	.....	.....	.....	.....	.....	1	.....	.....	.....
Fairmont, W. Va	16,111	.....	7	.....	.....	.....	7	.....	.....	.....
Fall River, Mass	129,828	21	2	.....	14	1	.....	.....	8	3
Fargo, N. Dak	17,872	4	.....	.....	.....	.....	1	.....	.....	.....
Farrell, Pa	10,190	.....	2	.....	.....	.....	1	.....	.....	.....
Findlay, Ohio	[1] 14,858	2	2	.....	.....	.....	1	.....	1	.....
Flint, Mich	57,386	13	19	3	18	.....	4	.....	.....	.....
Fond du Lac, Wis	21,486	9	.....	.....	.....	.....	1	.....	.....	.....
Fort Dodge, Iowa	21,039	1	.....	.....	.....	.....	.....	.....	.....	1
Fort Scott, Kans	10,564	4	.....	.....	.....	.....	.....	.....	.....	.....
Fort Wayne, Ind	78,014	17	6	.....	.....	.....	1	.....	2	3
Fort Worth, Tex	109,597	23	46	2	.....	.....	.....	.....	.....	.....
Fostoria, Ohio	10,959	2	.....	.....	1	.....	2	.....	.....	.....
Framingham, Mass	14,149	7	.....	.....	.....	.....	.....	.....	2	1
Freeport, Ill	19,844	17	2	.....	.....	.....	1	.....	.....	.....
Fremont, Nebr	10,080	5	.....	.....	.....	.....	.....	.....	.....	.....
Fresno, Calif	36,314	15	7	.....	.....	.....	1	.....	1	3
Galesburg, Ill	24,629	6	1	.....	.....	.....	.....	.....	.....	.....
Galveston, Tex	42,650	9	.....	.....	.....	.....	.....	.....	.....	1
Grand Rapids, Mich	132,861	32	1	.....	.....	.....	1	.....	3	1
Great Falls, Mont	[1] 13,948	5	.....	.....	.....	.....	2	.....	.....	.....
Greeley, Colo	11,942	2	.....	.....	.....	.....	.....	.....	.....	.....
Green Bay, Wis	30,017	9	3	.....	1	.....	3	.....	.....	.....
Greenfield, Mass	12,251	4	2	.....	.....	.....	.....	.....	.....	.....
Greensboro, N. C	20,171	4	.....	.....	.....	.....	.....	.....	.....	.....
Greensburgh, Pa	15,881	.....	.....	.....	.....	.....	1	.....	.....	.....
Hackensack, N. J	17,412	7	1	.....	.....	.....	4	.....	2	1
Hammond, Ind	27,016	4	4	1	.....	.....	.....	.....	.....	1
Harrisburg, Pa	73,276	.....	1	.....	.....	.....	1	.....	.....	.....
Harrison, N. J	17,345	.....	.....	.....	.....	.....	5	.....	1	.....
Hartford, Conn	112,851	30	12	.....	.....	.....	9	.....	7	5
Haverhill, Mass	49,180	11	7	1	.....	.....	1	.....	3	.....
Hazelton, Pa	28,981	.....	2	.....	14	.....	.....	.....	.....	.....
Hibbing, Minn	17,550	.....	.....	.....	26	.....	4	.....	.....	.....
Highland Park, Mich	33,859	3	7	.....	.....	.....	.....	.....	.....	.....
Hoboken, N. J	78,324	7	1	.....	.....	.....	1	.....	.....	1
Holland, Mich	12,459	2	12	.....	.....	.....	.....	.....	.....	.....
Holyoke, Mass	66,503	12	1	.....	1	.....	4	.....	2	1
Homestead, Pa	23,071	.....	1	.....	.....	.....	.....	.....	.....	.....
Hudson, N. Y	12,898	5	.....	.....	.....	.....	.....	.....	.....	.....
Hutchinson, Kans	21,461	.....	2	.....	.....	.....	2	.....	1	.....
Independence, Kans	15,111	5	.....	.....	.....	.....	.....	.....	1	1
Indianapolis, Ind	283,622	71	5	.....	.....	.....	6	.....	10	10
Ironton, Ohio	14,079	7	.....	.....	.....	.....	.....	.....	.....	.....
Ironwood, Mich	15,095	2	.....	.....	.....	.....	3	.....	.....	.....
Irvington, N. J	16,710	.....	.....	.....	.....	.....	1	.....	.....	.....
Ithaca, N. Y	16,017	3	.....	.....	.....	.....	1	.....	2	1
Jamestown, N. Y	37,431	13	5	.....	.....	.....	.....	.....	.....	1
Janesville, Wis	14,411	5	.....	.....	.....	.....	.....	.....	.....	.....

[1] Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Jersey City, N. J	312,557		20		1		2		15	
Johnstown, Pa	70,473		6		52					
Joplin, Mo	33,400	4	2				4		1	
Kalamazoo, Mich	50,408	14								1
Kankakee, Ill	14,270	9					1			
Kansas City, Kans	102,096		6		1				2	
Kansas City, Mo	305,816	91	14		10		10		2	9
Kearny, N. J	24,325	3	3				2		2	
Kenosha, Wis	32,833	9	3				2		4	
Knoxville, Tenn	59,112		2		1		2		3	3
Kokomo, Ind	21,929	9	2							1
Lackawanna, N. Y	16,219	2	5							
La Crosse, Wis	31,833	6	2	1						
La Fayette, Ind	21,481	4					4		2	
Lancaster, Ohio	16,086	8		1			2	1		1
Lancaster, Pa	51,437		8				1		1	
Laurel, Miss	12,313		2	1			1			
Lawrence, Mass	102,923	18	3				8		2	2
Leavenworth, Kans	[1]19,365		1							
Lebanon, Pa	20,947		1				1			
Leominster, Mass	21,365	5					5			
Lexington, Ky	41,997	10	5				2			
Lima, Ohio	37,145	7	10				14			
Lincoln, Nebr	46,957	18	1		1		1			
Lincoln, R. I	10,473		1							
Little Rock, Ark	58,716		3				2		3	
Logansport, Ind	21,338	8	1				5			
Long Beach, Calif	29,163	8	1						1	
Long Branch, N. J	15,733	2								
Lorain, Ohio	38,266	0	2							
Los Angeles, Calif	535,485	107	31		4		3		29	21
Louisville, Ky	240,808	63	27	3	1		8		12	4
Lowell, Mass	114,366	24	8	1			11		3	1
Ludington, Mich	10,566	3					1			
Lynchburg, Va	33,497	7	1						1	
Lynn, Mass	104,534		17		1		16		3	
McKeesport, Pa	48,299				2		4			
Macon, Ga	46,099	9	22		1					
Madison, Wis	31,315	5					4			
Mahoney City, Pa	17,709		4				3			
Manchester, Conn	15,859	1	1				2			
Manchester, N. H	79,607	17	5				2		8	
Mankato, Minn	[1]10,365	5					2			
Marinette, Wis	[1]14,610	2					1			
Marion, Ind	19,923	10	4				1			
Marlboro, Mass	15,285	2								
Marquette, Mich	12,555	3			2		2			
Marshalltown, Iowa	14,519		2							
Martinsburg, W. Va	12,984		2							
Martins Ferry, Ohio	10,135	0	1							
Mason City, Iowa	14,938	2	1							1
Meadville, Pa	13,968		1							
Medford, Mass	20,031	10	1	1						1
Melrose, Mass	17,724	5			1		1			1
Memphis, Tenn	151,877	3	45				11		1	2
Meriden, Conn	29,431		5		1		5		1	
Methuen, Mass	14,320	2								
Middletown, N. Y	15,890		2						1	
Middletown, Ohio	16,384	4								
Milford, Mass	14,280		1				1			
Milwaukee, Wis	445,008	73	63	7	9		30		25	5
Minneapolis, Minn	373,448	62	20		1		21		23	9
Mobile, Ala	59,201	23	5							1
Monessen, Pa	23,070		7				6			
Montclair, N. J	27,087	0			1		1		1	
Montgomery, Ala	44,039	15	4	1	1		3		3	
Morgantown, W. Va	14,444	0	1				3			
Morristown, N. J	13,410	6							1	
Moundsville, W. Va	11,513	2								
Mount Carmel, Pa	20,709								3	

[1] Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Mount Vernon, N. Y.	37,991	6	3						2	
Muskogee, Okla.	47,173		15		1		1			
Nanticoke, Pa.	23,811		2				2		1	
Nashua, N. H.	27,541	8	1							
Nashville, Tenn.	118,136	24	10	1			7		2	4
Newark, N. J.	418,789	93	29		20		8		32	8
New Bedford, Mass.	121,622	29	7	1	21		1		10	1
New Britain, Conn.	55,385	18	4				7		2	
New Brunswick, N. J.	25,855		5							
Newburgh, N. Y.	29,893	7					1		1	
Newburyport, Mass.	15,291	9		1						1
New Castle, Pa.	41,915		4				20		1	
New Haven, Conn.	152,275	39	26		15		10		5	3
New London, Conn.	21,109	2	4							
New Orleans, La.	377,010	120	6				6		59	15
Newport, R. I.	30,585	8					1			1
Newton, Mass.	44,345	10	1	1			7			2
New York, N. Y.	5,737,492	1,038	217	13	100	1	64	1	302	118
Niagara Falls, N.	38,466	10	1	1	10		4		1	
Norfolk, Va.	91,148		7				8			
Norristown, Pa.	31,969		2		4		1			
North Adams, Mass.	[1] 22,019	2								
Northampton, Mass.	20,006	6							2	1
North Attleboro, Mass.	11,248	0							1	
North Braddock, Pa.	15,684		6							
North Little Rock, Ark.	15,515	0	3							
North Tonawanda, N. Y.	14,000	1					4		2	
Norwalk, Conn.	27,332		1						1	
Norwich, Conn.	21,923		3						1	
Norwood, Ohio.	23,269	2			11					
Oakland, Calif.	206,495						6		4	3
Oak Park, Ill.	27,816	11	5		1		3			
Ogden, Utah.	32,343	10								
Oil City, Pa.	20,162		4				1			
Oklahoma City, Okla.	97,588	16	9	1			3		1	
Old Forge, Pa.	15,479		1							
Olean, N. Y.	16,927	10								
Omaha, Nebr.	177,777	38	6		3		6			1
Orange, N. J.	33,635	11					3		1	
Oshkosh, Wis.	36,549	6								1
Parkersburg, W. Va.	21,059	0	2						1	
Parsons, Kans.	15,952		2				3		1	
Pasadena, Calif.	49,620	2					1		3	1
Passaic, N. J.	74,478	16	4		1					2
Paterson, N. J.	140,512	4	11				3		5	
Peekskill, N. Y.	19,034	2								
Peoria, Ill.	72,184	21	16	1			13		5	2
Perth Amboy, N. J.	42,646	14	2	2			1		7	3
Petersburg, Va.	25,817	6	4						5	1
Philadelphia, Pa.	1,735,514	382	117	10	31		69	1	90	38
Phillipsburg, N. J.	15,879	5	2							
Phoenixville, Pa.	11,871		2							
Pine Bluff, Ark.	17,777						1			
Piqua, Ohio.	14,275	1								
Pittsburgh, Pa.	588,196		58		13		25		24	
Pittsfield, Mass.	39,678	6							2	1
Pittston, Pa.	18,975				1		1			
Plainfield, N. J.	24,330	4	4		12		1		1	
Plymouth, Mass.	14,001	3								
Plymouth, Pa.	19,439		3						1	
Pomona, Calif.	15,624	3								
Pontiac, Mich.	18,006	6	12		40		1			
Portland, Me.	64,720	25	1				4			1
Portland, Oreg.	308,399	43	46		1		18		7	4
Portsmouth, N. H.	11,739		3				1			
Pottsville, Pa.	22,717		2						4	
Providence, R. I.	259,895	62	15	5			4			6
Pueblo, Colo.	56,084		2				2	1		
Quincy, Mass.	39,022	12	3				1			
Racine, Wis.	47,465	13					16	1	2	

[1] Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Rahway, N. J.	10,361	2	1							
Raleigh, N. C.	20,274	4	5		1		2			
Reading, Pa.	111,607		11		2		2			
Redlands, Calif.	14,573	3							1	1
Reno, Nev.	15,514	5								
Richmond, Va.	158,702	40	14				9		17	4
Riverside, Calif.	20,496	7	4				1		1	
Roanoke, Va.	46,282	12	2				2			
Rochester, N. Y.	264,714	65	20	3	19		10		8	2
Rockford, Ill.	56,739	8	7		1					2
Rock Island, Ill.	29,452	4			1					
Rocky Mount, N. C.	12,673	4	2							
Rome, Ga.	15,607									1
Rome, N. Y.	24,259								1	
Rutland, Vt.	15,038	9					1		5	
Sacramento, Calif.	68,984	16								
Saginaw, Mich.	50,469	1	3		1		1	1	2	2
St. Cloud, Minn.	12,013		3				1			
St. Joseph, Mo.	80,498	42	5				4			
St. Louis, Mo.	768,630	208	121	11	21		20		27	3
St. Paul, Minn.	252,465	45	38		1		6		12	12
Salem, Mass.	49,346	13	1				4		4	1
Salt Lake City, Utah.	121,623	22					2		2	2
San Angelo, Tex.	[1] 10,321	0								3
San Bernardino, Calif.	17,616	6								
San Diego, Calif.	56,412	19	2							1
Sandusky, Ohio.	20,226	4								1
Sanford, Me.	11,217	3								
San Francisco, Calif.	471,023	137			81	1	8		32	8
San Jose, Calif.	39,810		7	1			1			
Santa Barbara, Calif.	15,360									
Santa Cruz, Calif.	15,150	4					1			
Saugus, Mass.	10,210	1	2							
Savannah, Ga.	69,250	32	7				2		1	1
Schenectady, N. Y.	103,774	14	2						2	1
Scranton, Pa.	149,541		2				8			
Seattle, Wash.	366,445		17		6		21			
Shamokin, Pa.	21,274		3		7		1			
Sharon, Pa.	19,156						3			
Sioux City, Iowa.	58,568						3			
Sioux Falls, S. Dak.	16,887	4			1					
Somerville, Mass.	88,618	16	9				4		2	
South Bend, Ind.	70,957	13	1							
Southbridge, Mass.	14,465	0			1				1	
Spartanburg, S. C.	21,985	5	2							1
Spokane, Wash.	157,656		12				2			
Springfield, Ill.	62,623	10	3				4			2
Springfield, Mass.	108,668	25	2	1	1		6		4	3
Springfield, Mo.	41,169	10								1
Springfield, Ohio.	52,296	16	1		1		1		1	2
Stamford, Conn.	31,810		2		6		2		2	
Steelton, Pa.	15,759				1					
Steubenville, Ohio.	28,259	15	1						1	
Stillwater, Minn.	[1] 10,198		1							
Stockton, Calif.	36,209	9					1			
Superior, Wis.	47,167	3	1				3			
Syracuse, N. Y.	158,559	40	12	1			9		5	4
Tacoma, Wash.	117,446		12							
Taunton, Mass.	36,610	12	1						2	1
Terre Haute, Ind.	67,361	13	2				1			1
Toledo, Ohio.	202,010	53	11	1	16		26	1	5	6
Topeka, Kans.	49,538	6	1		1				5	
Trenton, N. J.	113,974	23	8		1				5	2
Troy, N. Y.	78,094	21	5				3		6	1
Tuscaloosa, Ala.	10,824	4	1				1		2	
Uniontown, Pa.	21,600						1			
Vallejo, Calif.	13,803	2	8				1			
Waco, Tex.	34,015	11	5				1			
Wakefield, Mass.	12,947	2	1				4			
Walla Walla, Wash.	26,067		1				4			

[1] Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Waltham, Mass	31,011	9	6	.....	1	.....	.....	.....	1	.....
Washington, D. C	369,282	.....	28	.....	.....	.....	7	.....	19	9
Washington, Pa	22,076	.....	1	.....	.....	.....	.....	.....	.....	.....
Watertown, Mass	15,188	3	.....	.....	.....	.....	1	.....	.....	.....
Wausau, Wis	19,666	4	2	.....	1	.....	.....	.....	.....	.....
West Chester, Pa	13,403	.....	.....	.....	.....	.....	2	.....	.....	.....
Westfield, Mass	18,769	2	3	.....	.....	.....	.....	.....	.....	.....
West Hoboken, N. J	44,386	6	1	.....	.....	.....	.....	.....	2	.....
West New York, N. J	19,613	5	4	1	.....	.....	.....	.....	1	.....
West Orange, N. J	13,964	2	2	.....	.....	.....	1	.....	.....	.....
Wheeling, W. Va	43,657	9	3	.....	.....	.....	1	.....	.....	1
White Plains, N. Y	23,331	5	.....	.....	.....	.....	2	.....	1	1
Wichita, Kans	73,597	13	10	.....	.....	.....	4	.....	2	.....
Wilkes-Barre, Pa	78,334	.....	4	.....	.....	.....	5	.....	3	.....
Williamsport, Pa	34,123	.....	2	.....	.....	.....	3	.....	.....	.....
Wilmington, Del	95,369	28	4	1	.....	.....	1	.....	.....	3
Wilmington, N. C	30,400	9	3	.....	.....	.....	.....	.....	.....	.....
Winchester, Mass	10,812	0	.....	.....	.....	.....	.....	.....	.....	.....
Winona, Minn	[1] 18,583	8	.....	.....	10	.....	1	.....	.....	.....
Winston-Salem, N. C	33,136	15	2	.....	.....	.....	.....	.....	1	2
Woburn, Mass	16,076	3	.....	.....	.....	.....	.....	.....	.....	.....
Worcester, Mass	166,106	44	17	.....	.....	.....	5	.....	9	1
Yakima, Wash	22,058	.....	1	.....	2	.....	1	.....	.....	.....
Yonkers, N. Y	103,066	20	3	.....	1	.....	.....	.....	.....	.....
York, Pa	52,770	.....	18	.....	10	.....	13	.....	1	.....
Youngstown, Ohio	112,282	23	4	.....	.....	.....	4	.....	.....	.....
Zanesville, Ohio	31,320	5	.....	.....	.....	.....	.....	.....	.....	.....

[1] Population Apr. 15, 1910.

FOREIGN.

AUSTRALIA.

Influenza—Mortality, Aug. 16 to Sept. 12, 1919.

The following table shows the number of deaths from influenza in Australia from August 16 to September 12, 1919:

Week ended—	Victoria.		New South Wales.		South Australia.	Queensland.	Western Australia.	Tasmania.
	Whole State.	Metropolitan area.	Whole State.	Metropolitan area.	Whole State.	Metropolitan area.	Whole State.	Whole State.
1919.								
Aug. 22	41	14	56	24	11	1	36	26
Aug. 29	24	13	47	13	18	2	34	43
Sept. 5	16	8	52	19	22	2	25	38
Sept. 12	9	3	25	6	15	3	28	32

CHOSEN (KOREA).

Cholera in Provinces—Sept. 12 to Oct. 1, 1919.

Cases of cholera and deaths therefrom were reported in Chosen (Korea), September 12 to October 1, 1919, as follows:

Province.	Cases.	Deaths.
Keiki	96	72
Kogen	4	3
Kokai	1,628	892
North Heian	867	446
North Kankyo	253	112
North Keisho	55	24
North Zenra	184	76
South Chusei	186	90
South Heian	851	448
South Kankyo	239	129
South Zenra	8	5
Total	4,371	2,297

CUBA.

Communicable Diseases—Habana—Oct. 11 to 20, 1919.

Communicable diseases have been notified at Habana from October 11 to 20, 1919, as follows:

Disease.	New cases.	Deaths.	Remaining under treatment Oct. 20, 1919.
Chicken pox	1		3
Diphtheria	3		4
Influenza	6		6
Leprosy	1		19
Malaria	37		[1] 47
Measles	3		3
Paratyphoid fever			2
Scarlet fever	2		2
Smallpox	22		23
Typhoid fever	20	2	[1] 67

[1] From the interior, 20.

Smallpox—Vaccination Orders.

According to information dated October 30, 1919, there has been an outbreak of smallpox in Habana, Cuba. From October 20 to 24, there were 20 cases of smallpox reported, disseminated throughout the city.

On October 30 the Director of Sanitation issued orders that second and third class passengers from the United States must be vaccinated. On November 4 orders were issued by the United States Public Health Service requiring the vaccination of all passengers and crews leaving Habana for the United States, excepting only those persons who present evidence of successful vaccination within the preceding five years.

HONDURAS.

Yellow Fever—Amapala—Aug. 30 to Sept. 6, 1919.

Information dated August 31, 1919, stated that there was an alleged outbreak of yellow fever at Amapala, Honduras. A commission from the Rockefeller Foundation arrived at Amapala on August 30, and cooperated with local authorities in investigating the cases of yellow fever that had appeared. Their report states that they assisted in every possible way in cleaning Amapala and all of Honduras of yellow fever.

Eight cases of yellow fever, with one death, were seen by the commission from August 30 to September 6. No new cases have appeared since September 6. The commission believes that all ports of the Gulf of Fonseca, not only of Honduras but also of Salvador and Nicaragua, are now clean of yellow fever, and will recommend to the Government of Salvador that it raise the quarantine against Amapala.

JAPAN.

Influenza—October, 1918, to March, 1919.

The following table gives the record of influenza, by cases and deaths, in Japan (excluding Formosa) from October, 1918, to March, 1919. The figures are from official sources. The population of Japan, exclusive of Formosa, is given as 57,190,310.

Period.	Cases.	Deaths.
October, 1918-Jan. 15, 1919	19,239,226	20[illegible] 876
Jan. 16-31	491,463	8,935
Feb. 1-15	515,556	10,077
Feb. 16-28	356,320	10,520
Mar. 1-15	217,930	7,504
Mar. 16-31	127,238	4,856
Total	20,947,733	246,768

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended Nov. 14, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Hongkong	Sept. 14–27	14	13	
Tientsin	Sept. 14–20	2		
Chosen (Korea):				
Keiki	Sept. 12–Oct. 1	96	72	
Kogen	do	4	3	
Kokai	do	1,628	892	
North Heian	do	867	446	
North Kankyo	do	253	112	
North Keisho	do	55	24	
North Zenra	do	184	76	
South Chusei	do	186	90	
South Heian	do	851	448	
South Kankyo	do	239	129	
South Zenra	do	8	5	
India:				
Bombay	Aug. 17–Sept. 13	38	31	
Rangoon	Aug. 31–Sept. 13	5	4	
Sumatra:				
Medan	Aug. 17–23	5	3	

PLAGUE.

British East Africa:				
Nairobi	May 1–31			Native inspectors, cases 52; deaths 52; native chiefs deaths 27.
Do	June 1–30			Native inspectors, cases 25; deaths 25; native chiefs, deaths 27.
Do	Aug. 24–Sept. 13	4	4	
China:				
Hongkong	Sept. 14–27			Present.
Egypt:				
Port Said	Aug. 6–19	4		
India:				
Bombay	Aug. 17–Sept. 13	19	15	
Rangoon	Aug. 31–Sept. 13	34	29	
Java:				
East Java—				
Surabaya	Aug. 27–Sept. 2	2	2	
Temanggoeng	do	9	9	

SMALLPOX.

Brazil:				
Rio de Janeiro	Sept. 7–13	69	12	
Do	Sept. 14–20	53	17	
Do	Sept. 21–27	63	14	
British East Africa:				
Nairobi	May 1–31	5	2	
Do	Aug. 24–Sept. 13	18	2	
Canada:				
Nova Scotia—				
Halifax	Oct. 19–25	2		Present in surrounding country.
Quebec—				
Montreal	Oct. 26–Nov. 1	1		
Quebec	Oct. 19–25	1		
Saskatchewan—				
Regina	Oct. 26–Nov. 1	1		
Cuba:				
Habana	Oct. 11–20	22		
Egypt:				
Cairo	Aug. 6–19	40	19	
Port Said	do	2		
Great Britain:				
Bradford	Sept. 21–27	3		
India:				
Bombay	Aug. 17–Sept. 13	16	11	
Rangoon	Aug. 31–Sept. 13	12	2	
Italy:				
Messina	Sept. 22–28	42	22	
Trieste	Sept. 28–Oct. 4	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended Nov. 14, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java—				
Surabaya	Aug. 27–Sept. 2	2		
Mexico:				
Salina Cruz	Sept. 2–15	1		
San Luis Potosi	Oct. 19–25			Present.
Newfoundland:				
St. Johns	Oct. 18–24			Present at Shoal Arm, Notre Dame Bay.
Portugal:				
Lisbon	Sept. 21–Oct. 4		20	
South Africa:				
Johannesburg	Aug. 1–31	4	1	
Spain:				
Barcelona	Sept. 11–24		6	
Sumatra:				
Medan	Aug. 17–23	2		

TYPHUS FEVER.

Brazil:				
Rio de Janeiro	Sept. 7–20	4		
Egypt:				
Cairo	Aug. 6–19	127	72	
Port Said	Aug. 6–12	2	1	
Java:				
East Java—				
Pasoerocan	Aug. 27–Sept. 2	1		
Sumatra:				
Medan	Aug. 17–23	1		
Tunis:				
Tunis	Oct. 5–11		1	

YELLOW FEVER.

Brazil:				
Pernambuco	Sept. 15–21	1	1	
Honduras:				
Amapala	Aug. 30–Sept. 6	8	1	

Reports Received from June 28 to Nov. 7, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo	Apr. 20–26	10		
Hambantota	July 25			Outbreak 148 miles from Colombo. Spread to other places.
China:				
Amoy	June 17–30		25	
Do	July 1–Sept. 13		643	
Antung	Aug. 5–Sept. 28	1,119	414	
Canton	June 8–21	10	3	
Do	June 29–Aug. 16	10	11	Present in foreign section, island Shamien, Aug. 8.
Do	Aug. 31–Sept. 6	1	1	
Do	Sept. 21–27	1	1	
Chefoo	Aug. 31–Sept. 6			Daily average over 50 fatalities.
Foochow	July 10–26			To July 16: Average of 100 fatalities daily. To July 26: Average of 30 cases daily. Five fatal cases European. July 27–Aug. 9: Epidemic.
Hankow	Aug. 31–Sept. 6	1		
Hongkong	July 13–Sept. 13	26	24	
Peking	Aug. 24–30		1	Foreign.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Shanghai	Aug. 6-31	7	1	Choleraic disease prevalent from about July 15 with high mortality.
Swatow	May 25-June 28		90	
Do	June 29-Aug. 30		120	
Do	Sept. 7-13	5		
Tientsin	Aug. 10-Sept. 13	243	4	Cases are from reports of physicians from the foreign concessions and native city. Deaths are for the British concession.
Tsinanfu	do	32	3	
Tsingtao	July 6-Sept. 21	140	83	
Ungkung	Aug. 16			Present: 30 miles from Swatow.
Chosen (Korea)	Aug. 15	3		Aug. 26: 6 cases.
Anyo	do	1		Keiki Province.
New Wiju	Aug. 12	1		In a Korean arrived from Antung, China, where cholera was prevalent.
Seoul	Aug. 1-31	1	5	
Shingshu	do	1		North Heian Province.
South Kankyo	Aug. 26			Present.
India:				
Bombay	Apr. 28-June 28	84	55	
Do	June 29-Aug. 9	157	91	
Calcutta	May 4-June 21		617	
Do	June 29-Aug. 9		100	
Karachi	July 24-30	3	2	
Madras	May 18-June 28	29	19	Jan. 19-25, 1919: Cases 113; deaths, 75
Do	July 12-Aug. 16	33	18	
Do	Aug. 18-Sept. 6	19	13	
Rangoon	Apr. 28-June 28	108	85	
Do	June 29-Aug. 23	74	72	
Indo-China:				
Cochin-China—				
Saigon	Apr. 21-June 29	386	272	City and district.
Do	July 28-Aug. 24	33	30	
Do	Aug. 31-Sept. 7	8	7	
Japan:				
Kobe	Sept. 21-27	1	1	
Pescadores Islands	July 14	40		In 1 village.
Taiwan Islands				July 2-Aug. 12, 1919: Cases, 398; deaths, 245.
Do	Aug. 21-31	574	419	
Do	Sept. 1-20	657	621	
Keelung	Aug. 8			Present in vicinity.
Taihoku	do			Present.
Tokyo	Aug. 18-24	4		
Yokohama	Sept. 1-7	1		Sept. 5, 1 case on fishing vessel near Haneda.
Java:				
East Java				Apr. 2-June 20, 1919: Cases, 613; deaths, 507. June 25-July 15, 1919: Cases, 16; deaths, 8.
Surabaya	Apr. 23-June 20	97	79	
Do	June 25-July 15	15	13	
Do	July 30-Aug. 5	1	1	
Do	Aug. 13-19	1	1	
Mid-Java				Mar. 28-May 30, 1919: Cases, 1,914; deaths, 1,525.
Samarang	Mar. 28-May 30	89	84	
West Java				May 2-June 26, 1919: Cases, 100; deaths, 67. July 18-Aug. 2, 1919: Cases, 10; deaths, 5.
Batavia	May 2-June 5	12	5	
Do	Aug. 2-28	6		
Buitenzorg	Aug. 15-21	1		
Tjiandjoer	do	2	2	
Manchuria:				
Dairen	Aug. 12			Present.
Harbin	Aug. 7			Present and in surrounding country. Aug. 14: Epidemic, with an estimated number of from 150 to 200 deaths.
Mukden	Sept. 6-13			Present.
Mesopotamia:				
Bassorah	July 20-25	1		
Persia:				
Ardebil	May 2			Present.
Enzeli	Apr. 23	1		
Khorram-Ahab	May 3			Outbreak.
Mianedge	Apr. 28			Do.
Zindjan	Apr. 21-May 4		19	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila	Apr. 26–June 28	11	5	
Do	June 29–Aug. 2	261	133	
Do	Aug. 10–Sept. 6	259	121	
Do	Aug. 17–Sept. 20	290	127	
Provinces				May 4–24, 1919: Cases, 567; deaths; 383.
Batangas	May 4–24	25	23	
Bulacan	do	48	25	
Cebu	do	162	84	
Laguna	do	20	15	
Mindoro	do	19	14	
Misamis	do	9	2	
Pampanga	do	166	131	
Tayabas	do	118	89	
Provinces				June 1–28, 1919: Cases, 615; deaths, 435.
Batangas	June 1–28	79	61	
Bohol	June 15–28	11	8	
Bulacan	June 1–28	63	27	
Cavite	June 8–28	23	14	
Cebu	June 22–28	24	11	
Laguna	June 8–21	16	13	
Hocos Sur	June 15–21	1		
Nueva Ecija	June 1–28	60	39	
Pampanga	do	105	79	
Pangasinan	June 8–28	113	81	
Tayabas	do	108	81	
Union	June 22–28	7	7	
Provinces				June 29–Sept. 20, 1919: Cases, 14,409; deaths, 10,280.
Albay	Aug. 31–Sept. 20	30	12	
Ambos Camarines	July 27–Aug. 23	145	90	
Do	Sept. 14–20	74	55	
Bataan	July 6–Aug. 9	8	7	
Do	Sept. 7–13	5	4	
Batangas	June 29–Sept. 20	1,061	812	
Bohol	do	78	60	
Bulacan	do	500	369	
Capiz	Aug. 24–Sept. 20	56	30	
Cavite	June 29–Aug. 16	174	115	
Do	Aug. 24–Sept. 20	107	71	
Cebu	June 29–July 26	84	41	
Do	Aug. 17–Sept. 20	796	486	
Davao	Sept. 7–13	3	1	
Ilocos Norte	Aug. 10–Sept. 20	407	301	
Ilocos Sur	July 20–Aug. 9	177	120	
Do	Aug. 17–30	211	146	
Do	Sept. 14–20	397	265	
Iloilo	July 6–Sept. 20	325	242	
Laguna	do	415	310	
Leyte	Aug. 24–30	41	18	
Mindoro	July 20–26	125	45	
Do	Aug. 24–30	79	45	
Misamis	July 20–26	6	4	
Do	Aug. 17–23	5	4	
Mountain	July 6–12	9	2	
Do	Aug. 31–Sept. 20	111	58	
Nueva Ecija	June 29–Sept. 20	544	381	
Occidental Negros	July 27–Sept. 20	123	83	
Oriental Negros	July 27–Sept. 6	173	103	
Pampanga	June 27–Sept. 6	568	461	
Pangasinan	June 27–Sept. 20	6,093	4,462	
Rizal	July 13–Aug. 23	420	262	
Do	Aug. 31–Sept. 20	359	211	
Sorsogon	July 27–Aug. 16	23	21	
Do	Sept. 14–20	34	19	
Tarlac	do	10	8	
Tayabas	June 29–Sept. 20	391	320	
Union	July 6–Sept. 20	1,205	867	
Zambales	July 13–19	1	1	
Do	Aug. 31–Sept. 13	28	116	
Siam:				
Bangkok	Apr. 12–June 28		697	
Do	June 30–Aug. 30		55	
Straits Settlements:				
Singapore	July 14–27	80	69	Sept. 30: Present.
Sumatra:				
Medan	June 29–July 13–26	8	1	Present in neighboring villages, June–July, 1919.
Do	Aug. 3–16	33	21	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Turkey:				
Constantinople	July 28			Present.
On vessel:				
Steamship	Aug. 17	1		At Yokohama, from Shanghai, Aug. 12, 1919.

PLAGUE.

Azores:				
Fayal Island	Sept. 6–19			Present.
Terceira Island	do			Do.
Brazil:				
Ceara	Sept. 8			Do.
Pernambuco	May 23–June 1		1	
British East Africa:				
Kisumu	May 18–June 28			Present. Zanzibar Island.
Do	June 29–July 26			Do.
Do	Aug. 3–6			Present in vicinity. Zanzibar Island.
Nairobi	June 15–21	1		
Do	Aug. 17–23	5	2	
Ceylon:				
Colombo	Aug. 10–16	2	2	Town cases.
Chile:				
Antofagasta	Aug. 18–23	3		
China:				
Amoy	June 17–23		1	
Do	Aug. 18–Sept. 13			Present.
Canton	May 25–June 28			Present. Apr. 27–May 10, 1919.
Foochow	May 18–24			Present. Cases, 3; present May 24–June 7, 1919.
Hongkong	June 15–28	42	33	
Do	June 29–Aug. 9	35	31	
Do	Aug. 31–Sept. 13			Present.
Ecuador:				
Guayaquil	June 16–30	2	1	
Posorja	June 1–30	3	1	Bathing place 65 kilometers from Guayaquil.
Egypt				Jan. 1–Aug. 6, 1919: Cases, 740; deaths, 405.
Cities—				
Alexandria	July 23–29	1		
Do	Sept. 3–9	3	2	
Ismailia	July 29	2		
Cairo	May 1		1	
Kantarah	June 19–20	4	2	Two European. Septicemic.
Do	July 31–Aug. 3	2	3	
Port Said	May 1–June 28	9	10	
Do	July 2–Aug. 5	17	17	
Suez	June 5–11	3	3	
Provinces—				
Assiout	May 17–June 24	80	41	
Do	July 3–Aug. 6	7	3	
Beni-Souef	May 19–June 21	6	5	
Fayoum	May 18–July 5	10	7	
Girgeh	May 15–July 8	32	10	
Menoufia	June 8–24	5	1	
Minieh	May 24–June 25	29	11	
Do	July 5–7	3	1	
France:				
Marseille	Aug. 16–Sept. 2	5	3	Total number of cases reported to Aug. 27, 11; deaths, 3.
Great Britain:				
Liverpool	July 30	1	1	In dock laborer.
Greece:				
Athens	Oct. 20	5	3	
Piræus	Oct. 23	2	1	
Hawaii:				
Ah Poi Camp	Aug. 9	1	1	
Paauhau	July 19	1		
Kukuiau	Sept. 23	3	3	
Paauilo	Sept. 25	2	1	
India				Apr. 27–June 28, 1919; Cases, 8,645; deaths, 6,933. June 29–Aug. 9, 1919: Cases, 2,623; deaths, 1,974.
Bombay	Apr. 28–June 28	278	202	
Do	June 29–Aug. 9	37	23	
Calcutta	May 18–June 14		38	
Do	June 28–Aug. 2		22	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Karachi	May 18–June 28	145	132	
Do	June 29–Aug. 9	42	39	
Do	Aug. 28–Sept. 6	19	14	
Madras				Jan. 19–25, 1919: Cases, 2; deaths, 1
Madras Presidency	July 6–Aug. 16	381	237	Jan. 19–25, 1919: Cases, 586; deaths, 347. May 30–June 5: Cases, 37; deaths, 28.
Do	Aug. 31–Sept. 6	154	80	
Rangoon	Apr. 28–June 28	75	63	
Do	July 6–Aug. 16	158	144	
Do	Aug. 24–30	31	28	
Indo-China:				
Cochin China—				
Saigon	Apr. 21–June 29	31	23	City and district.
Do	July 28–Aug. 24	8	4	
Do	Aug. 31–Sept. 7	3	3	
Japan:				
Yokohama	June 9–15	1	1	
Java:				
East Java				Apr. 8–June 28, 1919: Cases, 130; deaths, 130. July 23–29, 1919: Cases, 34; deaths, 34.
Saratiga	Aug. 20–26	1	1	
Surabaya	Apr. 23–June 3	7	7	
	July 30–Aug. 12	4	3	
	Aug. 20–26	3	3	
Temanggoeng	July 30–Aug. 26	34	34	
Mid-Java				Apr. 26–May 30, 1919: Cases, 23; deaths, 23.
Samarang	Apr. 26–May 20	10	10	
Malta:				
Valetta	Aug. 1–31		5	
Mesopatamia:				
Bagdad	Apr. 19–June 20	346	269	
Do	July 19–25	2	1	
Do	Aug. 2–8	1		
Basra	May 3–10	108	89	Including suburb of Ashar.
Bassorah	July 20–26	2	1	Total from date of outbreak, March, 1919, to June 24, 1919: Cases, 396; deaths, 256.
Siam:				
Bangkok	Apr. 27–May 17	2	2	
Spain:				
Barcelona	Sept. 15	5		
Straits Settlements:				
Singapore	Apr. 13–26	2	1	
Do	July 14–27	11	7	
Do	Aug. 21–30	1		
Syria:				
Beirut	Oct. 11	24		
Turkey:				
Constantinople	Oct. 9			Bubonic and pneumonic.
On vessels:				
S. S. City of Sparta	Apr. 19–21	1	1	Fom Bombay, Apr. 3,1919: Case, a soldier at sea.
Do	May 13–17	1	1	At Liverpool: Case, a native member of the crew. (Public Health Reports, June 27, 1919, p. 1463.)
S. S. Clan Lamont	Aug. 19	1		In dock in port of London, England. Vessel left Calcutta Mar. 23; arrived Buenos Aires May 9; sailed June 20; arrived Montevideo and sailed June 21; arrived St. Vincent, Cape Verde Islands, July 10.
S. S. Framlington Court	July 25	1		From Alexandria, May 30; from Montreal, July 4; from Sydney, Nova Scotia, July 9; at Avonmouth, England, July 22, 1919.

SMALLPOX.

Alaska:				
Petersburg	Oct. 27			Present.
Algeria:				
Algiers	June 1–30	1	1	
Do	July 1–Aug. 31	16	5	
Arabia:				
Aden	May 13–19		1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria				Mar. 9–Apr. 5, 1919: Cases, 92.
Salzburg	Mar. 9–Apr. 5	50		
Vienna	do	17		
Azores:				
St. Michaels	June 7–20	1		
Brazil:				
Bahia	Apr. 20–June 7	4		
Para	Sept. 21–27		1	
Pernambuco	May 4–25	5		Jan. 1–May 3, 1919: Cases, 10.
Rio de Janeiro	May 11–June 21	61	20	
Do	June 30–Sept. 6	325	89	
British East Africa:				
Kisumu	Mar. 2–8	1	1	Zanzibar Island.
Mombasa	Mar. 1–June 7	275	37	
Mtebba	Mar. 24–Apr. 6			Present: In Uganda.
Nairobi	Mar. 1–May 31	3		
Prison Island Quarantine Station.		1	1	Zanzibar Island. In February, 1919. From vessel from India.
British West Indies:				
Granada	Sept. 27			1 case reported from Carriacon.
Canada:				
British Columbia—				
Vancouver	June 15–Sept. 11	8		
New Brunswick—				
Antigonish County	Sept. 28–Oct. 4			Present.
Campbellton	June 15–21	1		
Do	Aug. —Sept. 6	1		
Gloucester County				July 1–Sept. 30, 1919: Cases, 12.
Moncton	July 6–12	1		
St. John	July 27–Aug. 2	1		
Nova Scotia—				
Cities—				
Bridgenorth	July 27–Aug. 9			A few cases; mild.
Halifax	June 28–Sept. 20	65		June 15–28, 1919: Cases, 82.
Do	Oct. 5–11			Present.
Sydney	June 8–21	3		
Do	Aug. 1–Sept. 6	4		
Counties—				
Antigonish	June 28–Sept. 6			Present.
Colchester	Aug. 3–8			Do.
Cumberland	Aug. 30–Sept. 6			Do.
Guysborough	Aug. 18–30			Do.
Do	Sept. 21–27			Do.
Halifax	June 28–Sept. 27			Do.
Hants	do			Do.
Kings	Aug. 10–16			Do.
Lunenburg	July 13–Aug. 16			Do.
Pictou	July 20–Sept. 13			Present. Also on Cape Breton Island, July 27–Aug. 21.
Richmond	Aug. 24–Sept. 20			Present.
Shelbourne	Aug. 24–30			Do.
Victoria	Aug. 3–9			Do.
Ontario—				
Province				May 1–June 30, 1919: Cases, 166; deaths, 4. July 1–31, 1919: Cases, 51; death, 1.
Hamilton	June 29–Aug. 2	2		
Harwich	May 1–31	14	2	Township in Kent County.
North Bay	Sept. 21–27	1		
Ottawa	June 15–21	2		
Do	June 29–Sept. 6	3		
Peterborough	June 15–21	4		
Toronto	Aug. 31–Sept. 6	1		
Do	Sept. 21–27	1		
Do	Oct. 12–18	2		
Walpole Island	May 1–31	42		Kent County, Island in Lake St. Clair. Among Indians.
Prince Edward Island—				
Charlottetown	July 16–Aug. 9	8		
Quebec				In Bonaventure and Gaspe Counties, Aug. 1–31, 1919: 2 cases.
Montreal	June 8–28	18		
Do	Aug. 24–Oct. 11	13		
Do	Oct. 19–25	5		
Quebec	June 8–28	18		June 8–14, 1919: 1 case on incoming vessel.
Do	July 5–Sept. 20	41		Estimated. On Indian reserve.
Restigouche	June 15–July 31	40		
Ceylon:				
Colombo	May 1–31	4		June 17–23: Present.
Do	July 13–Aug. 23	3	3	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy	May 20–June 16	.....	13	
Do	July 8–21	.....	.....	Present.
Do	July 29–Sept. 13	.....	3	
Canton	May 18–June 21	.....	.....	Do.
Do	July 1–Aug. 16	.....	.....	Do.
Do	Aug. 31–Sept. 6	.....	.....	Do.
Do	Sept. 21–27	.....	.....	Do.
Chefoo	June 8–21	.....	.....	Do.
Chungking	May 4–June 28	.....	.....	Do.
Do	June 29–Aug. 23	.....	.....	Do.
Foochow	May 18–Aug. 23	.....	.....	Do.
Hankow	Aug. 31–Sept. 6	3	.....	
Hongkong	May 18–June 28	5	5	Do.
Do	Aug. 31–Sept. 13	.....	.....	Do.
Mukden	Sept. 7–13	.....	.....	Do.
Nanking	May 25–June 28	.....	.....	Do.
Do	June 29–Aug. 30	.....	.....	Do.
Chosen (Korea):				
Chemulpo	Apr. 1–June 30	22	4	
Do	July 1–31	1	1	
Fusan	....do	336	96	
Do	....do	4	.....	
Seoul	Apr. 1–May 31	3	1	
Do	Aug. 1–31	1	.....	
Cuba:				
Habana	Aug. 2–Oct. 23	35	.....	First case from S. S. Venezia, from Spanish ports; arrived Habana about July 20, 1919.
Czecho-Slovakia:				
Prague	May 18–June 21	11	2	
Denmark:				
Copenhagen		.....	.....	Apr. 2–26, 1919: Cases, 11.
Egypt:				
Alexandria	May 14–June 24	233	95	
Do	June 25–Sept. 9	226	118	
Do	Sept. 17–23	8	2	
Cairo	Jan. 2–May 20	544	124	
Do	June 18–Aug. 5	349	131	
Port Said	July 9–15	1	.....	
Finland		.....	.....	Apr. 16–June 30, 1919: Cases, 409. July 1–15, 1919: Cases, 44.
Provinces—				
Abo Och Bjorneborg	Apr. 16–June 30	13	.....	
Kuopio	....do	88	.....	
Do	July 1–15	1	.....	
St. Michael	....do	73	.....	
Do	July 1–15	2	.....	
Travastehus	Apr. 16–June 30	63	.....	
Do	July 1–15	5	.....	
Vasa	Apr. 16–June 14	12	.....	
Viborg	Apr. 16–June 30	340	.....	
Do	July 1–15	36	.....	
France:				
Havre	May 23–30	1	.....	
Marseille	May 1–June 30	.....	5	
Paris	May 11–June 28	17	28	
Do	June 29–Sept. 6	61	13	
Do	Sept. 14–20	6	1	
Gibraltar	June 28–Aug. 16	1	2	One from Bay.
Great Britain:				
Cardiff	June 15–Sept. 2	10	.....	
Dundee	June 1–7	1	.....	
Do	Aug. 18–23	9	6	
Glasgow	June 8–21	5	.....	
Liverpool	June 22–28	1	.....	
Do	June 29–Sept. 6	6	.....	
London	May 25–June 28	13	.....	
Do	June 29–Aug. 9	18	2	
Manchester	July 27–Sept. 6	11	.....	
Greece:				
Saloniki	May 15–June 28	.....	48	
Do	June 29–Aug. 23	.....	43	
India:				
Bombay	Apr. 2–June 28	712	283	
Do	July 6–Aug. 9	81	51	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Calcutta	May 4–June 21		444	
Do.	June 29–Aug. 9		109	
Karachi	May 4–June 21	28	17	
Madras	May 18–June 28	171	55	Jan. 19–25, 1919: Cases, 29; deaths, 25.
Do.	July 6–Aug. 16	236	107	
Do.	Aug. 18–Sept. 13	66	26	
Rangoon	Apr. 28–June 28	188	92	
Do.	July 6–Aug. 16	44	20	
Do.	Aug. 24–30	11	2	
Indo China:				
Cochin China—				
Saigon	Apr. 21–May 18	11	4	City and district.
Do.	Aug. 11–24	2		
Do.	Aug. 31–Sept. 7	4	1	
Italy:				
Genoa	July 7–Aug. 31	8		
Leghorn	June 16–29	2		
Messina	June 1–21	13		Province, June 8–21, 1919: Cases, 23; deaths, 3.
Do.	June 29–Sept. 21	527	211	
Milan	Mar. 1–June 30	50	8	
Milazzo	June 1–7	1	1	
Naples	June 2–29	103	91	
Do.	June 30–Aug. 17	122	119	
Palermo	May 2–June 20	39	5	
Do.	June 28–July 5	37	9	
Turin	May 18–June 29	5	1	
Do.	July 6–Sept. 7	8		
Venice	May 26–June 1	2		
Japan:				
Kobe	May 4–Sept. 7	173	78	
Nagoya	June 1–7	1	1	
Taiwan Island	May 21–Aug. 12	20	6	Entire island.
Tokyo	May 1–June 5	2		
Yokohama	May 26–June 1	1		
Java:				
East Java				Apr. 9–June 3, 1919: Cases, 8. July 9–15, 1919: Cases, 2.
Surabaya	May 27–June 3	2		
Do.	July 30–Aug. 5	2		
Do.	Aug. 13–26	2		
Mid-Java	Apr. 26–May 16	7		
West Java				May 2–June 26, 1919: Cases, 615; deaths, 148. June 27–Aug. 25, 1919: Cases, 235; deaths, 58.
Batavia	Apr. 18–June 5	4	1	
Do.	July 25–31	3	2	
Do.	Aug. 8–28	64	12	
Buitenzorg	Aug. 15–21	5		
Garoet	do	41	6	
Meester Cornelis	Aug. 15–28	11	4	
Pandeglang	Aug. 22–28	4		
Tasikmalaya	Aug. 15–21	3	3	
Malta	May 1–31	1		
Valetta	Aug. 1–31	4	1	
Do.	Sept. 17–30	1		
Manchuria:				
Dairen	May 13–June 2	3	2	
Mukden	July 6–Aug. 23			Present.
Mesopotamia:				
Bagdad	May 29–30	1		
Mexico:				
Cananea	Feb. 1–28	7		
Do.	Apr. 1–30	1		State of Sonora.
Guadalajara	June 1–30	1		
Mexico City	June 1–28	20	1	
Do.	June 29–Sept. 6	4		
Do.	Sept. 28–Oct. 4	2		
Piedras Negras	June 22–28	2	2	
Salina Cruz	Sept. 1–15	1		
Do.	Sept. 17–30	1		
San Jeronimo	June 17–30	5		
San Luis Potosi	Sept. 7–13		1	
Do.	Sept. 21–Oct. 4		3	
Do.	Oct. 12–18		1	
Tehuantepec	Sept. 16	2		
Vera Cruz	July 6–19	4		In State of Oaxaca.
Do.	June 29–Aug. 30	2	9	
Do.	Sept. 28–Oct. 4	2		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Newfoundland:				
St. Johns	June 13–Sept. 26	9		June 13–27, 1919: Outports, 372 cases. June 28–Sept. 5, 1919: Cases, 58. Sept. 20–Oct. 3, 1919 Cases, 6. Oct. 11, 1919: Cases, 2.
Do	Oct. 11–17	2		Present on Pilley's Island.
Palestine:				
Jaffa	Jan. 30–Feb. 5	2		
Philippine Islands:				
Manila	May 11–17	1		
Portugal:				
Lisbon	July 26–Sept. 20	85		
Oporto	June 1–28	25	13	
Do	June 29–Sept. 13	77	45	
Portuguese East Africa:				
Lourenco Marques	Apr. 1–May 31	2	1	
Russia:				
Riga	June 1–30			Present.
Siberia:				
Vladivostok	June 8–30	45		
Do	July 1–31	12	3	
Spain:				
Almeria	May 18–June 30	68	6	
Barcelona	May 15–June 19	3	6	
Do	June 26–Aug. 26		37	
Bilbao	May 1–10	1		
Do	Aug. 1–10	1		
Do	Aug. 21–31	3		
Cadiz	Apr. 1–May 31		5	
Do	July 1–31		2	
Madrid	May 1–31	3		
Do	Aug. 1–31	2		
Malaga	do		1	
Seville	do		1	
Valencia	May 11–June 29	233	15	
Do	July 14–Sept. 13	90	13	
Do	Sept. 21–27	2	1	
Do	Sept. 29–Oct. 14	8	2	
Vigo	Apr. 12	2		
Do	July 6–19	37	8	
Do	Sept. 7–20		2	
Do	Sept. 28–Oct. 4	1		
Straits Settlements:				
Singapore	Mar. 24–May 17	6	3	From vessel, Mar. 22, 1919: Present in villages in vicinity.
Do	July 8–27	5	1	
Sumatra:				
Medan	June 26–July 12			Present in surrounding country.
Tunis:				
Tunis	June 15–28	2	1	June 22–28, 1919: Present i surrounding country. June 29–July 12: Present in surrounding country.
Do	June 29–July 5	3	2	
Union of South Africa:				
Johannesburg	May 1–31	1		
On vessels:				
S. S. Eastern	Apr. 25–26	2	1	Death at sea. Second case landed at Woodmans Quarantine Station, Fremantle, Australia, Apr. 29. Vessel from England via Egypt and Colombo.
S. S. Karoa	Apr. 19	1		Landed at Colombo. Vessel from the United Kingdom via Egypt and Colombo.
S. S. Khyber	Apr. 10–May 4	4		From Liverpool, via Port Said, Suez, and Colombo. One case landed at Port Said Apr. 10, 2 cases at Colombo Apr. 22, 1 at quarantine, Fremantle, Australia, May 4, 1919.
S. S. Rio Negros	Oct. 4	1		At Port of Spain, Trinidad, from Bahia. From Montevideo, Aug. 31; Santos, Sept. 8; Rio de Janeiro, Sept. 15. Arrived Port of Spain, Oct. 4, 1919.
S. S. War Armour		7		En route from Naples to Aden and Colombo. Vessel arrived at Fremantle, Australia, June 22, 1919: Cases landed at Colombo.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers	May 1-June 30	82	11	
Do	July 1-Aug. 31	4		
Austria				Mar. 23-Apr. 5, 1919: Cases, 118.
Vienna	Mar. 23-Apr. 5	9		
Brazil:				
Rio de Janeiro	May 4-June 21	3		Mar. 30-Apr. 5, 1919: Cases, 2.
Do	July 6-12	1		
Do	Aug. 31-Sept. 6	4		
China:				
Changsha	May 11-17	1	1	
Antung	July 6-30	2		
Chosen (Korea):				
Chemulpo	Apr. 1-June 30	85	10	
Do	July 1-31	1		
Fusan	May 1-June 30	5	2	
Do	July 1-31	1		
Seoul	Apr. 1-June 30	147	28	
Do	July 1-31	1		
Colombia:				
Barranquilla	July 12-19		1	
Czecho-Slovakia:				
Prague	May 18-24	1		
Egypt:				
Alexandria	May 14-June 29	474	248	
Do	June 28-Sept. 23	474	153	
Cairo	Jan. 2-Aug. 5	4,091	2,270	
Port Said	Jan. 9-June 10	11	7	
Do	July 16-29	6	1	
Finland				Apr. 16-June 30, 1919: Cases, 25.
Provinces—				
Abo Och Bjorneborg	May 15	1		
Nyland	Apr. 16-May 31	4		
St. Michael	Apr. 16-June 30	15		
Viborg	Apr. 16-June 14	3		
Germany	Jan. 12-Feb. 22	344		Military.
Do	Feb. 22-Mar. 22	220		Civil.
Do	Mar. 23-Apr. 12	333		Civil, military, prisoners of war deserters.
Do	Apr. 13-26	62		55 cases among German troop and among prisoners of war.
Do	Apr. 27-May 17	126		Of these, 90 among Polish workmen and Russians; during same period, 105 cases among German troops and prisoners of war. In addition, Apr. 1-26, 41 cases were notified among Polish workmen and refugees.
Great Britain:				
Glasgow	June 8-July 5	13	2	
Dublin	Aug. 17-30	3		June 15-21, 1919: 1 case.
Dundee	June 30-July 5	3		
Greece:				
Athens	July 21-27		1	
Saloniki	May 15-June 14		5	
Do	July 6-Aug. 23		18	
Hungary				Feb. 24-May 9, 1919: Cases, 258.
Budapest	Sept. 24-May 9	124	6	
Debreezin	....do	42		
India:				
Rangoon	July 1-31		21	
Italy				Apr. 28-June 8, 1919: Cases 3,470—Austrian prisoners, 3,321; Italian soldiers, 82; civil population, 67.
Do				June 9-15, 1913: Present in 14 Provinces, with 761 cases, viz, Austrian prisoners, 631; Italian soldiers, 23; Roumanian soldiers, 97; civil population, 10.
Do				June 16-22, 1919: Present in 12 Provinces, with 127 cases, viz, Austrian prisoners, 102; Italian soldiers, 8; civil population, 12; Roumanian soldiers, 5.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy—continued				June 23-29, 1919: Present in 14 Provinces, with 117 cases, viz, Austrian prisoners, 107; Italian soldiers, 3; civil population, 7.
Do				July 6-13, 1919: Cases, 14, occurring in 7 Provinces—7 prisoners of war, 5 civilians, 2 Italian soldiers.
Do				July 21-27, 1919: Cases, 5 occurring in 4 Provinces—1 Austrian prisoner; 4 civil population.
Do				July 28-Aug. 3, 1919: 6 cases in 3 Provinces; civil population.
Genoa	June 25-July 1	91		
Naples	May 12-June 22	50	16	
Do	June 30-Aug. 17	17	6	
Palermo	July 21-27	2		
Venice	Apr. 27-June 14	58	9	
Do	June 30-Sept. 14	42	6	
Trieste	June 6-12	1		
Japan:				
Nagasaki	June 16-July 1	3		
Do	July 14-Sept. 14	10	5	
Do	Oct. 6	4	2	
Java:				
East Java—				
Pasoeroean	Aug. 6-12	2		
Do	Aug. 20-26	1	1	
Surabaya	July 30-Aug. 19	5	1	
West Java—				
Bandoeng	Aug. 15-21	5		
Batavia	Aug. 8-14	12	2	
Buitenzorg	Aug. 22-28	3		
Mesopotamia:				
Bagdad	Apr. 19-June 6	34	22	
Do	July 26-Aug. 1	2		
Mexico:				
Guadalajara	May 1-31	1		
Do	Sept. 24-30	3		
Mexico City	May 4-June 28	216		
Do	June 29-Sept. 13	272		
Do	Sept. 21-Oct. 4	41		
San Luis Potosi	July 27-Oct. 4			Present and in surrounding country.
Newfoundland:				
St. Johns	June 21-27	1		From vessel.
Palestine:				
Jaffa				Oct. 22-Dec. 22, 1918: Cases, 8; deaths, 3.
Portugal:				
Lisbon	June 22-28	1		
Do	July 26-Aug. 23	13	2	
Oporto	June 1-15	52		
Do	June 30-Sept. 13	94	42	
Russia:				
Archangel	May 15-June 1	9	2	
Riga	May 1-June 30	2,826		
Siberia:				
Vladivostok	June 9-30	104	9	
Do	July 1-31	56	13	
Spain:				
Barcelona	May 15-21		1	
Madrid	May 1-31		1	
Do	Aug. 1-31	1		
Sumatra:				
Medan	June 26-Aug. 9	31	4	
Syria:				
Mersina	Feb. 13-19			Present.
Smyrna	Sept. 20			Do.
Tunis:				
Tunis	May 24-June 21	3	1	
Do	July 20-Aug. 29	2	2	
Do	Sept. 21-27		1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 7, 1919—Continued.

YELLOW FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia	Apr. 12–June 14	48	15	Jan. 12–May 17, 1919: Cases, 43; deaths, 25. July 29, 1919, reported seriously prevalent in States of Bahia and Pernambuco.
Canal Zone	Aug. 10–12	1	1	Patient at Corinto, Nicaragua, at quarantine from S. S. Salvador.
Ecuador:				
Guayaquil	May 1–31	1	1	July 31, 1919: at Leon, Nicaragua; Aug. 2, 1919. Embarked Aug. 6 at Corinto.
Naranjito	May 1–June 15	2	1	
Honduras:				
Amapala	Aug. 28	1	.....	
Mexico:				
Merida	June 30–Sept. 20	22	9	State of Yucatan.
Temax	Sept. 14–20	4	2	
Nicaragua:				
Leon	Sept. 1	.....	.....	Present, and in vicinity.
Do	Sept. 5	.....	.....	Present.
Corinto	do	.....	.....	Do.
Peru:				
Department of Piura—				
Paita	July 10–22	8	5	June 1–Aug. 12, 1912: Cases, 10; deaths, 6.
Piura	do	46	10	June 1–Aug. 12, 1919: Cases, 90; deaths, 20.
Salvador:				
La Union	July 6	2	.....	
St. Miguel	June 24–July 6	4	.....	75 miles from city of San Salvador.
San Salvador	do	1	1	

CORRECTION.

Yellow Fever at Cartagena Erroneously Reported.

The statement of the occurrence of yellow fever at Cartagena, Colombia, appearing in Public Health Reports of April 4, 1919, page 716, and in subsequent issues of the Public Health Reports, was an error.